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PLACE OF DEATH

SUFFOLK
BOSTON

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 66

1

No. Mass General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE SAMPSON
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 14 Sargent St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 2 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
12/29 19 53 to 1/2 19 54

I last saw her alive on 1/2 19 54 death is said to

have occurred on the date stated above, at 6:25p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

myocardial infarction 20mins

ANTE CEDENT CAUSES Due To (b) coronary artery disease
auricular fibrillation

Due To (c) -10yrs.

OTHER SIGNIFICANT CONDITIONS cholelithiasis & cystitis
polyps of the colon -1wk.

Major findings: Of operations Cholelithiasis & cystitis

Date of operation 12/30/53. Was autopsy performed? no

What test confirmed diagnosis? stones removed

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) G Richardson M. D.
(Address) MGH Date 1/3 19 54

Spring St. Essex, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 5 19 54

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass.

Received and filed. JAN 18, 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months 10 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Henry L Sampson

18 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Mass

19 MAIDEN NAME OF MOTHER Ruth Low

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

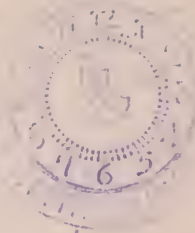
21 Informant E Sampson
(Address)

A TRUE COPY

ATTEST: Charles H. Macdonald
(Registrar of City or Town where death occurred)

DATE FILED Jan 6 19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



JAN 18

11

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 78

2

No. 11 Revere St. Jamaica Plain Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lizzie A Fisher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 112 Pleasant St. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 16 days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 3/54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 19 19 53 to Jan. 3 19 54

I last saw h. alive on Jan. 3 19 54, death is said to

have occurred on the date stated above, at 8 PM

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Generalize arterio
sclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Berger M. D.

(Address) Brookline Mass. Date 1-3-19 54

6 Place of Burial or Cremation Woodlawn Cem. Everett Mass.

(City or Town)

DATE OF BURIAL Jan. 6/54

7 NAME OF FUNERAL DIRECTOR H. S. Reynolds

ADDRESS Winthrop Mass.

Received and filed Jan. 6/54

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frederic G Fisher

(If deceased was in military service)

11 IF STILLBORN, enter that fact here.

12 AGE 21 Years 1 Months 10 Days If under 24 hours

Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Niveville New York

(State or country)

17 NAME OF FATHER David T Lear

18 BIRTHPLACE OF FATHER (City) New York

(State or country)

19 MAIDEN NAME OF MOTHER Emma House

20 BIRTHPLACE OF MOTHER (City) Niveville New York

(State or country)

21 Informant (Address) Raymond Fisher

A TRUE COPY

ATTEST Charles H. Mackie

(Registrar of City or Town where death occurred)

DATE FILED Jan. 6/54

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
eath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
o the disease or
causing death.

50M-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 3

PLACE OF DEATH

1

Sussex
(County)
Winthrop
(City or Town)

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anne M. Govern
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) None(a) Residence. No. 220 Cottage Park Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 1/2 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 3 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 1953 to January 3 1954I last saw her alive on January 3 1954 death is said to
have occurred on the date stated above, at 4 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Terminal Pneumonia

INTERVAL
BETWEEN
ONSET
AND
DEATH

ANTE CEDENT CAUSES Due To Cerebral Thrombosis 5 days

Due To Hypertensive Heart
DiseaseOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Francis C. Swaffin M. D.

(Address) 49 Putnam St. Date January 5 1954

6 Place of Burial or Cremation Holy Cross (City or Town)

DATE OF BURIAL Jan 7 1954

7 NAME OF FUNERAL DIRECTOR Frederick Magnust

ADDRESS East Boston

Received and filed. 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Patrick M. Govern (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Housework
(Kind of work done during most of working life)

14 Industry or Business Own home

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER M. Yee

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Not Known

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Bernard Ferris
(Address) 220 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1-6-54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk (County)
Winthrop (City or Town)

No. *43 Bellevue Ave*

2 FULL NAME

Ellen G. Connelly
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

43 Bellevue Ave Winthrop
1064 1/2 1st St. Winthrop

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
 U. S. War Veteran,
 if so specify WAR)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

January 6, 1954
 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*Coronary heart disease
 Generalized arteriosclerosis*

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did

Injury occur?.....

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work?

Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Michael R. Thompson, M. D.
55 Galtuch St. Date 1/6/54

7

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL.....

19.....

8 NAME OF

FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....

January 8, 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial permit
 with Board of Health
 or its Agent.

Registered No.

4

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR PACE

11 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE.....

Years.....

Months.....

Days.....

If under 24 hours

Hours.....Minutes

14 Usual

Occupation:.....

(Kind of work done during most of working life)

15 Industry

or Business:.....

16 Social Security No.

17 BIRTHPLACE (City).....

(State or country)

18 NAME OF

FATHER.....

19 BIRTHPLACE OF

FATHER (City).....

(State or country)

20 MAIDEN NAME

OF MOTHER.....

21 BIRTHPLACE OF

MOTHER (City).....

(State or country)

22

Informant.....

(Address).....

I HEREBY CERTIFY that a satisfactory standard certificate of death was
 filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
 (Signature of Agent of Board of Health or other)

Health Officer
 (Official Designation)

1-7-54
 (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931. No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. DAY VIEW NURSING HOME St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME MARY ELIZABETH ROBBINS
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 41 WASHINGTON ST WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months days. In place of residence 1 years 6 months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 7 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 6 1954 to Jan 7 1954

I last saw her alive on Jan 6 1954 death is said to

have occurred on the date stated above, at 11:10 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Myocardial

degeneration

ANTECEDENT (b) Arteriosclerosis

Due To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATH

15 years

20 years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Date

1954

6 PLACE OF BURIAL OR CREMATION NASHUA N.H.
(City or Town)

DATE OF BURIAL JAN. 11 1954

7 NAME OF FUNERAL DIRECTOR Wendell M. Gibson

ADDRESS 23 Gary Ave Chelsea

Received and filed January 8, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

FEMALE WHITE MARRIED
WIDOWED
or DIVORCED SINGLE

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: RETIRED TEACHER
(Kind of work done during most of working life)

14 Industry or Business: PERKINS INSTITUTE

15 Social Security No. NONE

16 BIRTHPLACE (City) DUNSTABLE
(State or country) MASS

17 NAME OF FATHER FREEMAN L. ROBBINS

18 BIRTHPLACE OF FATHER (City) UNKNOWN
(State or country)

19 MAIDEN NAME OF MOTHER SARAH WHEELER

20 BIRTHPLACE OF MOTHER (City) UNKNOWN
(State or country)21 Informant REV. DOUGLAS ROBBINS
(Address) 5 ELM ST. AUGUSTA MEI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or Agent)

Health Officer (Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions,
giving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

50M (B)-1-51 903586

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Ser. 12, G. L.)

25M (E)-6-50-902253

PLACE OF DEATH

Middlesex

(County)

Medford

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Medford

(City or town making return)

6

Registered No.

No. Resthaven, Nursing Home
96 Mystic St.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Leonard B. Andrews
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 176 Bowdoin
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 2 days. In place of residence. 31 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 6 1954 to Jan 8 1954I last saw him alive on Jan 8 1954 death is said to
have occurred on the date stated above, at 1:30 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypostatic PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

1dy

ANTE CEDENT CAUSES Due To Carcinoma of stomach
(b)

2yrs

Due To Carcinoma of Rectum
(c)

3yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings: Ca. Stomach & Rectum
Of operations

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Wallis L. Bursey
(Signed) 351 High St. Medford Date 1/8 1954
(Address)6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 11, 1954 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed FEB 2 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED DIVORCED10a If married, widowed, or divorced
HUSBAND of Marjorie Loraine Brayne
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 3 Months 9 Days If under 24 hours
Hours..... Minutes13 Usual Occupation Retired Coke Mfrg.
(Kind of work done during most of working life)

14 Industry or Business Cambridge Gas & Electric

15 Social Security No. none

16 BIRTHPLACE (City) Nova scotia
(State or country)

17 NAME OF FATHER Leonard Andrews

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary Gavel

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Lester J. Andrews
(Address) 176 Bowdoin St. Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)
City Clerk

DATE FILED Jan 11, 1954 19

RECEIVED



FEB-8 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
more than one
cause for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
giving rise to the
use (a) stating
underlying causeditions contrib-
the death but not
to the disease or
causing death.gans ductine
(d)

50m-(b)-11-49-970-560

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 4 Atkinson Circle

2 FULL NAME Gladys G. Atkinson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Atkinson Circle
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 25 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Jan 8 1954 to Jan 8 1954

I last saw her alive on Jan 8, 1954, death is said to

have occurred on the date stated above, at 6:10 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary Occlusion

ANTE
CEDENT
CAUSES

Due To

(b)

Myocardial heart disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

Date 1-8 1954

6 Place of Burial or Cremation Holyhood Brookline
(City or Town)

DATE OF BURIAL January 11, 1954

7 NAME OF
FUNERAL DIRECTOR

John J. O'Malley Winthrop Mass.

ADDRESS

Received and filed JAN 11 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 7

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry M. Atkinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.
16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Robert Black

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Bessie Hellyer

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Harry M. Atkinson
(Address) 4 Atkinson CircleI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1-11-54

✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
trans the disease,
ications which
ath.oid conditions,
ving rise to the
se (a) stating
erlying causeitions contrib-
he death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

Suffolk
Winthrop
(City or Town)

No. 119 Revere St.

2 FULL NAME

Walter J. Hender
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

119 Revere

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 3 years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 8

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) none

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 6, 1953 to Jan 7, 1954

I last saw him alive on Jan 7, 1954 death is said to

have occurred on the date stated above, at 2:05 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cancer of lung
and carcinomatousANTECEDENT
CAUSE (b)Pathological
fracture left femur

(c)

metastasis to
boneOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? X-ray - communicating

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. N. Carlson M. D.

(Address) 186 Princeton St. Date 1-8-1954

6 Holy Cross
Place of Burial or CremationMalden
(City or Town)

DATE OF BURIAL January 11 1954

7 NAME OF
FUNERAL DIRECTOR
ADDRESSFrederick H. Magrath
East Boston

Received and filed January 8, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of Mary E. McDonnell
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Watchman
(Kind of work done during most of working life)

14 Industry or Business Dravo Construction Co.

15 Social Security No. 023-10-6819

16 BIRTHPLACE (City) newfoundland
(State or country)

17 NAME OF FATHER James Hender

18 BIRTHPLACE OF FATHER (City) Wales
(State or country) England

19 MAIDEN NAME OF MOTHER Catherine Boyle

20 BIRTHPLACE OF MOTHER (City) Not Known
(State or country)21 Informant Mary E. Hender
(Address) 119 Revere St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Hender
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1-8-54

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. or the purposes of this section and of sections forty-five, forty-six and forty-seven, said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-90(5807)

1 PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 237

9

No. Mass. General Hospit.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Sollosy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 233 River Road
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence 17 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 9/54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan. 6, 19 54 to Jan. 9, 19 54

I last saw h or alive on Jan. 9, 19 54 death is said to
have occurred on the date stated above, at 5:25 PM m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Myocardial infarction

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 Days

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify H. Rothberg M. D.
(Signed) Mass. Gen. Hospit. Date 1-10-1954
(Address)

6 Place of Burial or Cremation Ohel Jacob Woburn Mass.
(City or Town)

DATE OF BURIAL Jan. 11/54 19

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Brookline Mass.

Received and filed JAN 23 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Theodore Sollosy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Manager
(Kind of work done during most of working life)

14 Industry or Business: Tedro Co. Inc.

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Harry J Bowers

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Feldman

20 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

21 Informant Theodore Sollosy
(Address)

A TRUE COPY

ATTEST: Charles J. Mackin
(Registrar of City or Town where death occurred)

DATE FILED Jan. 12/54 19

✓



JAN 25

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

10

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

(County)

(City or Town)

No.

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,
give NAME, INSURANCE and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and State)

Length of stay: In place of death 45 years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 1947 19 to Jan 10 19 07

I last saw him alive on Jan 6 19 07 death is said to

have occurred on the date stated above, at 6:10 P.M.

INTERVAL
BETWEEN
ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Heart disease yrs.

ANTE (Due To

CEDENT (b)

CAUSES

arteriosclerosis yrs.

generalized yrs.

Due To (c) senility

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph R. Spagnoli

(Address) 194 Washington

(City or Town) Date 1-11-1954

6 Holyhood Cem. Brookline

Place of Burial or Cremation

DATE OF BURIAL

Jan. 13 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

129 H. Street Brookline

Received and filed

JAN 12 1954

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James Farrell

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

86

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Ireland

17 NAME OF

FATHER

Patrick Leary

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Johnnie Sullivan

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21 Informant

(Address)

Mrs. Mallie Farrell

291 River Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

1-12-54

(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHNot enter
than one
for each
b) and (c)Does not mean
of dying, such
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causing death.

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CERTIFICATE

F DEATH

enter
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dying, such
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death but not
e disease or
using death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME.

Chester S Freeman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

24 Brookfield Rd.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 72 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJanuary 11, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 19 53 to Jan 11, 19 54

I last saw him alive on Jan 11, 1954, death is said to

have occurred on the date stated above, at 6:50 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Pulmonary edema 9 mo

ANTE
CEDENT
CAUSESDue To
(b)

Myocardial infarction 9 mo

Due To
(c)

Generalized arteriosclerosis 12 years

OTHER
SIGNIFICANT
CONDITIONS

Diabetes Mellitus 6 mo

Major findings:

Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Winthrop

Date

12 Jan

1953

6

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Jan. 13

1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

JAN 14 1954

19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

11

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

widowed

10a If married, widowed, or divorced
HUSBAND of Gertrude A Lent

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

72

Years

8

Months

5

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Salesman (retired)

(Kind of work done during most of working life)

14 Industry

or Business:

Mens Clothing

15 Social Security No.

010-07-1887

16 BIRTHPLACE (City)

Winthrop

(State or country)

MASS

17 NAME OF

FATHER

Edward Freeman

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

19 MAIDEN NAME

OF MOTHER

Hannah A Belcher

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

21

Informant

(Address)

Eleanor Lehman

26 Douglas St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1.13.54

100M-(D)-10-45-24686

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
lure, asthenia,
ins the disease,
ations which
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and conditions,
ng rise to the
e (a) stating
lying cause

ions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 138 Main Street

2 FULL NAME. Mary E. Markey
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 138 Main Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Did not attend 19I last saw h. alive on. 19 death is said to
have occurred on the date stated above, at NOT DETERMINED m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Probable Coronary
occlusionANTE Due To
CEDENT (b)
CAUSESSigned for
board of HealthOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. none

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis? clinical signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) D. J. O'Brien, Jr. M. D.
(Address) Winthrop Date Jan 16 19546 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 20 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed. JAN 18 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 12

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Patrick Markey

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Cecelia Terrell

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Elizabeth C. Markey
(Address) 138 Main St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)Health Officer 1-19-54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
COUNTY
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 559 13

No. Veterans Administration Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RUSSELL F FLOYD (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 25 Marshall St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 26 60 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 17 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That VA attended deceased from 4/22 19 53 to 1/17 19 54

I last saw him alive on 19 54 death is said to

have occurred on the date stated above, at 1:45p.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic glomerulonephritis with uremia - Wks

ANTE CEDENT CAUSES Due To (b) Carcinoma of the prostate with carcinomatosis Mos

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R Dwight M. D.

(Address) VAH Date 1/17 19 54

6 Winthrop Cem Winthrop, Mass. (City or Town)

DATE OF BURIAL Jan 20 19 54

7 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop, Mass.

Received and filed FEB 19 54

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Helen Tewksbury (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 9 Days If under 24 hours Hours Minutes

13 Usual Occupation: Expressman (Kind of work done during most of working life)

14 Industry or Business: Tewksbury Express Co.

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass (State or country)

17 NAME OF FATHER William Floyd

18 BIRTHPLACE OF FATHER (City) Winthrop Mass (State or country)

19 MAIDEN NAME OF MOTHER Harriet Tucker

20 BIRTHPLACE OF MOTHER (City) Winthrop Mass (State or country)

21 Informant VA Hospital Records (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan 21 19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

DATE OF ENTERING MILITARY SERVICE - 7/27/17

" " DISCHARGE

3/24/20

RANK, RATING

Cpl

ORGANIZATION & OUTFIT

U S Army

SERVICE NUMBER

52249

FEB-1 1921

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 527 14

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM FUSSELL, JR. (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 220 Woodside Ave., Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years months 1 days. In place of residence. 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 17 1954
(Month) (Day) (Year)

WE HEREBY CERTIFY, That I attended deceased from 1/16 19 to 1/17 1954

we I last saw him alive on 1/17 54, death is said to

have occurred on the date stated above, at 6:50p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Uremia
Oliguria

INTERVAL BETWEEN ONSET AND DEATH
2wks
4days

ANTE CEDENT CAUSES (b) Congestive heart failure

2days

Due To (c) Chronic glomerulonephritis

3yrs.

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V Cass M. D.

(Address) PBBH Date 1/18 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 19 1954

7 NAME OF FUNERAL DIRECTOR R Kirby
ADDRESS E Boston

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 14 Years 5 Months 29 Days If under 24 hours Hours Minutes

13 Usual Occupation: Student (Kind of work done during most of working life)

14 Industry or Business: Junior High School

15 Social Security No. 16 BIRTHPLACE (City) Somerville, Mass. (State or country)

17 NAME OF FATHER William R Fussell, Sr.

18 BIRTHPLACE OF FATHER (City) Newark, N.J. (State or country)

19 MAIDEN NAME OF MOTHER Vera E Colucci

20 BIRTHPLACE OF MOTHER (City) East Boston Mass. (State or country)

21 Informant (Address) Father

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan 20 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



FEB-1 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
h.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-5-52-907048

PLACE OF DEATH

1

Suffolk
(County)
Wentrop 52.
(City or Town)

No.

Wentrop Community Hospital

2 FULL NAME

Jacob Saperstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 168 Allston St. Brighton
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJanuary 17, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 10, 1953 to January 17, 1954

I last saw him alive on January 17, 1954, death is said to

have occurred on the date stated above, at 1:30 A. M.

DISEASE OR CONDITION

DIRECTLY LEADING
TO DEATH

Cerebral Hemorrhage

ANTE
CEDENT
CAUSES(a) Heart Block
(b) Adams-Stokes Syndrome

(c) Cerebro-vascular

spasms

OTHER SIGNIFICANT
CONDITIONSFractured left jaw
Fractured ribs (right)

Major findings: none

Of operations: none

Date of operation: none

What test confirmed diagnosis: clinical & lab

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob J. Abrams M. D.
(Address) 168 Allston St. Brighton

6 Place of Burial or Cremation

DATE OF BURIAL January 18, 1954

7 NAME OF
FUNERAL DIRECTOR

Henry Levine

ADDRESS 470 Harvard St., Brookline

Received and filed. JAN 18 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 15

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Minnie Snyder

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days

If under 24 hours
Hours Minutes

13 Usual

Occupation: Retired

(Kind of work done during most of working life)

14 Industry

or Business: Real estate

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Russia17 NAME OF
FATHER

Wolf Saperstein

18 BIRTHPLACE OF

FATHER (City)
(State or country) Russia19 MAIDEN NAME
OF MOTHER

Rachael (unknown)

20 BIRTHPLACE OF

MOTHER (City)
(State or country) Russia

21

Informant Mrs. Minnie Saperstein
(Address) 168 Allston St., BrightonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:W. G. Baker
(Signature of Agent of Board of Health or other)

H. O. (Official Designation)

Jan. 18 - 1954
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars, or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb there than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 948

16

No. Veteran's Adm. Hspt. Boston Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Winston
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 106 Sagamore Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 29 months 35 days. In place of residence 35 years 35 months 35 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 19/54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1953 to Jan. 19 1954

I last saw him alive on 19 1954, death is said to

have occurred on the date stated above, at 6:30 PM.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Pulmonary congestion and edema Days

ANTECEDENT CAUSES Due To Bronchiogenic carcinoma right upper lobe with

Due To metastases to liver, adrenal and abdominal lymph nodes and spine

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) L. J. Marks M. D.

(Address) Boston Mass. Date 1-29-54

6 Place of Burial or Cremation Holy Cross Mchm. Mass. (City or Town)

DATE OF BURIAL Jan. 23/54 19

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed FEB 5 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 8 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: General Organizer
(Kind of work done during most of working life)

14 Industry or Business: Teamster's Union

15 Social Security No.

16 BIRTHPLACE (City). East Boston Mass.
(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City) Michael Winston
(State or country) Ireland

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Mary Mitchell
(State or country) Ireland21 Informant V. A. Hspt. records
(Address) Boston 30 Mass.A TRUE COPY Charles A. Mackey
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 25/54 19



FEB-8

Entered Service 6-29-18
Discharged 4-23-19
Capt. CMC U S Army

PLACE OF DEATH

 SUFFOLK
 BOSTON (County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 589 17

No. The Children's Hospital

 (If death occurred in a hospital or institution,
 give its NAME instead of street and number)

 2 FULL NAME. MARILYN BARNARD
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

 (a) Residence. No. 321 Pleasant St. Winthrop, Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death, years months days. In place of residence, 7 years months days.

Hospital-19hrs-45mins

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH January 20 1954
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 1/19 1954, 1/20 1954

I last saw her alive on 1/20 1954, death is said to

have occurred on the date stated above, at 5:15a.m.

 INTERVAL BE-
 TWEEN ONSET
 AND DEATH

 DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) Intestinal obstruction
 & strangulated small

 ANTE Due To bowels
 CEDENT (b)
 CAUSES

 Due To Post operative ad-
 hesions
 (c)

 OTHER
 SIGNIFICANT
 CONDITIONS

 Major findings: Gangrenous segment ileum
 Of operations.

Date of operation 1/20/54 Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

 (Signed) S. Schuster M. D.
 (Address) Children's Hosp. 1/20 1954

 6 Winthrop Winthrop
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 22 1954

7 NAME OF FUNERAL DIRECTOR J O'Maley

ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
 MARRIED WIDOWED or DIVORCED Single

 10a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 7 Years 8 Months 28 Days If under 24 hours
 Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Student

15 Social Security No.

 16 BIRTHPLACE (City) Boston
 (State or country) Mass

17 NAME OF FATHER Chester S Barnard

 18 BIRTHPLACE OF FATHER (City) Boston
 (State or country) Mass

19 MAIDEN NAME OF MOTHER Dorothy Wel ling

 20 BIRTHPLACE OF MOTHER (City) East Boston
 (State or country) Mass

 541 Informant C. Barnard
 (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan 22 1954

RECEIVED



FEB-1 AM

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100M (D) 10-46-24858

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **18**

1 No. *178 Highland Ave.* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *John H. Bowman* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. *178 Highland Ave.* St. (If nonresident, give city or town and State)

Length of stay: In place of death *2.4* years *2.4* months *2.4* days. In place of residence *2.4* years *2.4* months *2.4* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Jan. 26 1954*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1952 to *Jan. 26 1954*

I last saw him alive on *Jan. 26 1954* death is said to
have occurred on the date stated above, at *1:00 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Carcinoma of Colon*
metastatic Carcinoma

INTERVAL BE-
TWEEN ONSET
AND DEATH*4 years*

ANTECEDENT CAUSES
Due To (b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: *Carcinoma of Colon c*
metastatic
Date of operation *1949* Was autopsy performed? *no*
What test confirmed diagnosis? *Pathological exam.*

5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify (Signed) *Charles L. Brown* M. D.
(Address) *Wentworth, Suite 126, 1954*

6 Place of Burial or Cremation *Winthrop*
(City or Town)

DATE OF BURIAL *Jan 29 1954*

7 NAME OF FUNERAL DIRECTOR *Maurice W. Kirby*
ADDRESS *Winthrop*

Received and filed *MAR 27 1954* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED *Married*

10a If married, widowed, or divorced
HUSBAND of *Clara Michaels*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *73* Years *73* Months *73* Days *73* Hours *73* Minutes

13 Usual Occupation: *Salesman*
(Kind of work done during most of working life)

14 Industry or Business: *Jewelry*

15 Social Security No. *Randolph Mass*

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER *John Smith*

18 BIRTHPLACE OF FATHER (City) (State or country) *Vermont*

19 MAIDEN NAME OF MOTHER *Margaret B. Ball*

20 BIRTHPLACE OF MOTHER (City) (State or country) *NY NY*

21 Informant (Address) *Mrs Clara Bowman*
178 Highland Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Valerie J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) *1.27.54*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 19

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 120 Banks Street

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Anna E. McGuigan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 120 Banks Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence. 2 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 27, 1954.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1952 to Jan 27, 1954

I last saw her alive on Jan 27, 1954, death is said to

have occurred on the date stated above, at 7:30 P.M.

DISEASE OR CONDITION, CIRRHOSIS
DIRECTLY LEADING
TO DEATH (a) Cirrhosis of liverINTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

acute - malnutrition

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. N. Caplan M. D.

(Address) 186 Pine St. Boston Date 1-28-1954

6 Calvary Boston Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 30, 1954

7 NAME OF FUNERAL DIRECTOR John T. O'Malley
ADDRESS Winthrop Mass.

Received and filed Jan 28 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Bernard J. McGuigan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: School Teacher
(Kind of work done during most of working life)

14 Industry or Business: Schools

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Frank E. Shields

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary A. Walsh

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant Mrs. Joseph Deveraux
(Address) 120 Banks St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1-29-54
(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATELiving
OF DEATHNot enter
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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven, as said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb thereto than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

20

No. *120 Winthrop St.* (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)
2 FULL NAME *Mildred H. Sheeran* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *120 Winthrop St Winthrop Mass* (Usual place of abode) (If not resident, give city or town and State)
Length of stay: In place of death years months days. In place of residence *2* years months days.

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR).....

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *January 27, 1954*
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cardiac arrest following blunt injury of head incurred in accidental fall.

5 Accident, suicide, or homicide (specify) *Accident*
Date and hour of injury *Jan 27, 1954*
Where did injury occur? *Winthrop*
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? *Home*
(Specify type of place)
Manner of injury *Accidental fall down*
(How did injury occur?)
Nature of injury *stairs.*
While at work? Was autopsy performed? *yes*

6 Was disease or injury in any way related to occupation of deceased?
If so, specify *Michael P. Lyons*
(Signed) *Michael P. Lyons*, M. D.
(Address) *25 Shattuck St.* Date *1/28, 1954*

7 *St. Marys Danvers*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *Feb. 1, 1954* 19.....

8 NAME OF FUNERAL DIRECTOR *J. Vincent Murray*
ADDRESS *Revere Mass.*

Received and filed *Feb 1 1954* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *female* 10 COLOR OR RACE *white* 11 SINGLE (write the word) *MARRIED*
WIDOWED *married*
or DIVORCED

11a If married, widowed, or divorced
HUSBAND of *Frank J. Sheeran*
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE *48* Years Months Days If under 24 hours
..... Hours Minutes

14 Usual Occupation: *supervisor*
(Kind of work done during most of working life)

15 Industry or Business: *John Hancock Life Ins. Co.*

16 Social Security No. *030-29-7871*

17 BIRTHPLACE (City) *Peabody Mass.*
(State or country)

18 NAME OF FATHER *John E. Hayes*

19 BIRTHPLACE OF FATHER (City) *Peabody Mass.*
(State or country)

20 MAIDEN NAME OF MOTHER *Margaret E. Hayes*

21 BIRTHPLACE OF MOTHER (City) *Danvers Mass.*
(State or country)

22 Informant *Mrs. J. Vincent Murray*
(Address) *Revere Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *2-1-54* (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism, (including, resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Convelscent Home

2 FULL NAME. Mary Van Deusen (Swift)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 128 Endicott
(Usual place of abode)

Ave., Revere, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 37 days. In place of residence. 28 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 27 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 5 1953 to Jan 27 1954

I last saw her alive on Jan 25 1954 death is said to

have occurred on the date stated above, at 8 05 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Multiple Myeloma

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Generalized arteriosclerosis

10 yrs

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph J. Barnes

(Address) 20 Crescent St.

Date Jan 28 1954

M. D.

6 Holy Cross

Place of Burial or Cremation

Valden

(City or Town)

DATE OF BURIAL Jan. 30, 1954

7 NAME OF
FUNERAL DIRECTOR

876 Winthrop Ave., Revere, Mass.

ADDRESS

Received and filed.

JAN 29 1954

19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 21

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of Frederick Van Deusen

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Albany N. Y.
(State or country)

17 NAME OF FATHER James Swift

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Casey

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs. Estelle Barnes
(Address) 98 Summer St., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Barnes
(Signature of Agent of Board of Health or other)

Health Officer 1-29-54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret Isabel Dalrymple
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 116 Bowdoin Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months 6 days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 29 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

January 23 1954 to January 29 1954

I last saw him alive on January 28 1954, death is said to

have occurred on the date stated above, at 5:28 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

ANTECEDENT CAUSES Due To (b) Cancer of rectum

Due To (c) Metastasis to liver & colon

OTHER SIGNIFICANT CONDITIONS Atherosclerosis

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical & Biopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Sydney A. Robinson M. D.
(Address) Winthrop, Mass. Date 1-29-19546 Winthrop Cemetery Winthrop, Mass.
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL February 1, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed February 1, 1954

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

22

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Arthur Dalrymple
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 4 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.

16 BIRTHPLACE (City) Rice Point
(State or country) Prince Edward Island

17 NAME OF FATHER Neil MacEachern

18 BIRTHPLACE OF FATHER (City) Rice Point
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Mary MacDougall

20 BIRTHPLACE OF MOTHER (City) Rice Point
(State or country) Prince Edward Island21 Informant Arthur Dalrymple
(Address) 116 Bowdoin St, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or Its Agent.

23

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah A. McKinley (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 25 Marshall St Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 1 days. In place of residence 28 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 29 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 1952 to Jan 29 1954

I last saw him alive on Jan 29 1954, death is said to

have occurred on the date stated above, at 11:45 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) acute coronary occlusion 2 1/2 hrs.

ANTECEDENT CAUSES (b) general arteriosclerosis and intense valvular heart disease 2 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS acute bronchitis 1 wk.

Major findings: none

Date of operation: none Was autopsy performed? no.

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed)

(Address) 222 Pleasant St Date 01/29 1954

6 Place of Burial or Cremation Winthrop Winthrop (City or Town)

DATE OF BURIAL February 3 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St East Boston

Received and filed Feb 1, 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of Lawrence R. McKinley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 11 Months 14 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER William F. Warren

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Henrietta Carr

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

21 Informant Lawrence R. McKinley son (Address) 6 Summer St Northboro Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7-1-54 (Date of Issue of Permit)

R-301A

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 21

No. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Maud (Lumb) Milne

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 135 Quincy Ave. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days In place of residence 22 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 29, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

19

to

Jan. 29, 1954

1954

I last saw him alive on Jan. 29, 1954 death is said to

have occurred on the date stated above, at 9:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTE DUE TO Hypertension

CEDENT (b)

CAUSES

10 yrs

Due To Atherosclerosis

(c)

10 yrs.

OTHER SIGNIFICANT CONDITIONS

None

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Winthrop, Mass.

Date

1/29/1954

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Feb. 1st 1954

7 NAME OF FUNERAL DIRECTOR Howards. Reynolds

ADDRESS 180 Winthrop St. Winthrop

Received and filed February 1, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of

(or) WIFE of Percy Milne (Give maiden name of wife in full) Husband's name in full

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 5 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Southport (State or country) England

17 NAME OF FATHER Fredric Lumb

18 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) England

19 MAIDEN NAME OF MOTHER Mary Elizabeth Mangam

20 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) England

21 Informant (Address) Pr. Leslie Milne 71 Sheffield Road, Melrose

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2-1-54

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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50M-10-52-908091

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

25

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

1 No. 112 Almont Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Irving M. Rubin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 112 Almont Street
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 29 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. alive on 19 death is said to

have occurred on the date stated above, at 2:30 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural Causes

Presumably Coronary Occlusion

ANTE Due To
CEDENT (b)
CAUSES

Due To Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONS Diabetes Mellitus 25 yearsMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical: Boston Dispensary

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) Dr. C. Murphy M. D.
(Address) Winthrop Board of Health Date 29 Jan 19546 Winthrop Cem. E. 1st St.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 31 1954

7 NAME OF FUNERAL DIRECTOR Aaron Golov

ADDRESS 1668 Beacon St. Brookline

Received and filed. 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Sarah Zudelman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clothing Salesman
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Mordecai Rubin

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Vera - Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Sarah Rubin
(Address) 112 Almont St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Valter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1.29.54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on.....1954, death is said to

have occurred on the date stated above, at.....m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....M. D.

(Address).....

6.....

Place of Burial or Cremation (City or Town)

DATE OF BURIAL.....1954

7 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....1954

(Registrar)

STANDARD
CERTIFICATE OF DEATH

Registered No.

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a U. S. War Veteran, if so specify WAR)

St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Male White Married Widowed or Divorced

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours

Hours Minutes

13 Usual Occupation: Cabinet Maker

(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Italy

17 NAME OF FATHER Michael Santanis

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Theresa N. K.

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant (Address) Michael Santanis 30 Porter St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M (E)-6-50-902253

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 27

PLACE OF DEATH

Suffolk
(County)

Revere
(City or Town)

No. Grover Manor Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Emily M. Carlz (Melanson)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 35 Cottage Park Road
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 29 months 40 days. In place of residence 40 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 5, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 14, 1953, to Jan. 5, 1954

I last saw her alive on Jan. 5, 1954, death is said to
have occurred on the date stated above, at 8:03 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

4
Days

ANTE Due To Cerebral
CEDENT (b) Hemorrhage
CAUSES

6
Mos.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS No

Major findings:
Of operations No

Date of operation No

Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F. Burns
(Address) Everett Date 1/5/1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 8, 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed 16 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of Joseph J. Carlz
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER John Melanson

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Babine

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Lydia Carlz
(Address) 35 Cottage Park Rd., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED January 5, 1954

RECEIVED



FEB 16

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 802

23

No. Mass. Memorial Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nettie Watson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 16 Washington Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 16 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 26/51
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 17 19 51 to Jan. 26 19 51

I last saw him alive on Jan. 26 19 51 death is said to have occurred on the date stated above, at 4:10 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Post-operative shock

INTERVAL BETWEEN ONSET AND DEATH

18 Hrs

ANTE CEDENT CAUSES
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of the rectum

Major findings:

Of operations Carcinoma of rectum

Date of operation Jan. 26-51 Was autopsy performed?

What test confirmed diagnosis? pathology

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) No William A. Whitcomb M.D.

(Address) Mass. Mem. Hosp. Date 1-26-51

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 28/51 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds
Winthrop Mass.

ADDRESS

Received and filed Jan. 29 1951

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 4 Months 8 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) New York New York
(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF Edwin S Watson

FATHER (City) Acton Maine
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF Annie M Kimney

MOTHER (City) New Brunswick
(State or country)21 Informant: Records of Old
(Address) Age Assistance

A TRUE COPY

ATTEST: Charles H. MacNeil
(Registrar of City or Town where death occurred)

DATE FILED Jan. 29/51 19



1210

11

PLACE OF DEATH

{ SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 874 23

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BLANCHE DITTMAR (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 14 Sunnyside Ave., Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years 1 months 3 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 28 1954 (Month) (Day) (Year)

I HEREBY CERTIFY, That I have attended deceased from 12/26, 1953 to 1/28, 1954

We last saw her alive on 1/28, 1954, death is said to

have occurred on the date stated above, at 8:10 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) rheumatic heart

disease

mitral insufficiency

ANTE CEDENT CAUSES

Due To

(c) Thrombus abdominal aorta

OTHER SIGNIFICANT CONDITIONS

Major findings: Baffle procedure

Of operations. 3/14/53

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) V. Cass M. D.

(Address) BHM Date 1/29 1954

6 Oak Grove Plymouth, Mass. (City or Town)

Place of Burial or Cremation

DATE OF BURIAL Feb 1 1954

7 NAME OF FUNERAL DIRECTOR R. Beaman

ADDRESS Plymouth, Mass.

Received and filed Feb 1 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of George Dittmar

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 1 Months 25 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Canada (State or country)

17 NAME OF FATHER Joseph St. Cyr

18 BIRTHPLACE OF FATHER (City) Canada (State or country)

19 MAIDEN NAME OF MOTHER Bernadette Bernard

20 BIRTHPLACE OF MOTHER (City) Canada (State or country)

21 Informant Husband (Address)

A TRUE COPY Charles H. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 1, 1954



FEB 10 1898

PLACE OF DEATH

Suffolk
(County)

Boston

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1019

30

No. Veteran's Adm. Hspt Boston Mass.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J Morris

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

W W #1

(a) Residence. No. 16 North Ave.

(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1.....months.....days. In place of residence 22.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Jan/31/54

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 31

19 53

to

Jan. 31

19 54

I last saw h.....alive on....., 19....., death is said to

have occurred on the date stated above, at 4:55A.....m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a).....Broncho pneumonia
with pulmonary congestion
and edema, bilateralINTERVAL BE-
TWEEN ONSET
AND DEATH

Days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSBronchogenic carcinoma
right upper lobe,Major findings: with widespread metastases to
Of operations.....both lungs

Date of operation.....Was autopsy performed? Yes

What test confirmed diagnosis?.....autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) L J Marks

M. D.

(Address) Boston Mass

Date 1-31

19 54

6 Place of Burial or Cremation Winthrop Cem Winthrop Mass.

(City or Town)

DATE OF BURIAL Feb. 3/54

19

7 NAME OF FUNERAL DIRECTOR Reynolds Funeral Home

ADDRESS Winthrop Mass.

Received and filed.....19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Helen Hayward

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

66

Years

Month

26

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Fireman Winthrop

(Kind of work done during most of working life)

14 Industry

or Business:

Fire Dept.

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF
FATHER

Nicholas Morris

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Ann McCarthy

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant
(Address)

V A Hospt Records

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Feb. 4/54

DATE FILED

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910821



FEB 16 1918

Entered Service 3-7-18

Discharged 6-11-19 Pfc. U S Army 463 rd Aero
Squadron

Service No. 1051292

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

Suffolk
(County)Chelsea
(City or Town)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 6731

No. Chelsea Memorial Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John David Coleman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 101 Johnson Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years months 3 days. In place of residence. 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 3, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1954, to Feb. 3, 1954.

I last saw 1m alive on Feb. 3, 1954, death is said to have occurred on the date stated above, at 10:30p. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Mesenteric thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 das.

ANTE DUE TO
CEDENT (b)
CAUSES

Carcinoma of colon

Due TO (Inoperable) 2 mos.

OTHER SIGNIFICANT CONDITIONS Circulatory collapse 1 da.

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Wallace M. D.
(Address) Hovee, Mass. Date 2/5/54

6 Holy Cross, Malden, Mass. (City or Town)

DATE OF BURIAL Feb. 6, 1954 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 217 Bennington St. E. Boston

Received and filed MAR 8, 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Elizabeth Littlefield
(Give maiden name or wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 7 Months 24 Days If under 24 hours Hours Minutes

13 Usual Occupation: Mailer
(Kind of work done during most of working life)

14 Industry or Business: Globe Newspaper Co.

15 Social Security No. 010-03-5998

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Michael J.

18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Morgan

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant Mrs. Arthur J. Larivee, sister
(Address) 101 Johnson Ave. Winthrop

A TRUE COPY

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Feb. 5, 1954 19



MAR-8

Enlisted Nov.20,1917

Discharged Sept.30,1921

Plumber and fitter

12109892

X

PLACE OF DEATH

1

No.

Veterans Administration Hospital

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1188 32

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

GEORGE LAUNDRY, JR.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

293 Main

(a) Residence. No.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

February

5

1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from 2/5 19 to 2/5 19

Last saw him alive on 2/5 19, death is said to

have occurred on the date stated above, at 8:40p.m.

INTERVAL BETWEEN ONSET AND DEATH

hrs.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

acute pulmonary edema

ANTE CEDENT CAUSES

Due To (b)

bilateral bronchopneumonia-days

Due To (c)

suspected beri-beri heart disease

mos.

OTHER SIGNIFICANT CONDITIONS

Laennec's Cirrhosis

yrs.

Major findings: Of operations.....no

Date of operation.....

Was autopsy performed?.....no

What test confirmed diagnosis?.....

clin-lab findings

5 Was disease or injury in any way related to occupation of deceased?.....no

If so, specify.....

(Signed).....

(Address).....

D. Kaufman

VAH

Date 2/6 19 54

Winthrop Cem

Winthrop, Mass.

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb 6

54

7 NAME OF FUNERAL DIRECTOR

MKirby

Winthrop, Mass.

ADDRESS

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

10a If married, widowed or divorced

HUSBAND of.....

Catherine Bridgeman

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

35

Years

4

Months

7

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:.....

Painter

(Kind of work done during most of working life)

14 Industry

or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City).....

East Boston, Mass

(State or country)

17 NAME OF FATHER

George Laundry

18 BIRTHPLACE OF

FATHER (City).....

East Boston, Mass

(State or country)

19 MAIDEN NAME

OF MOTHER Mary Meehan

20 BIRTHPLACE OF

MOTHER (City).....

Woburn, Mass.

(State or country)

21

Informant.....

(Address)

Hospital Records

A TRUE COPY

ATTEST:.....

Charles H. Mack

(Registrar of City or Town where death occurred)

Feb 9

DATE FILED

19

54

DATE OF ENTERING MILITARY SERVICE - 6/3/43

" " DISCHARGE

11/11/45

RANK, RATING

MM 3/c

ORGANIZATION & OUTFIT

U S Navy

SERVICE NUMBER

8019902

FEB 2 1946

STANDARD
CERTIFICATE OF DEATH

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Winfield Scott Burrill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 12 Sunset Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 6 1954.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Feb. 17, 1954 to Feb. 6, 1954.

I last saw him alive on FEB. 6, 1954, death is said to

have occurred on the date stated above, at 9:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute gangrenous cholecystitis

Intensive heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 yrs.

ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)

Acute gangrenous cholecystitis

OTHER
SIGNIFICANT
CONDITIONSAcute gangrenous
cholecystitis.

2 days

Major findings:
Of operations

Acute gangrenous cholecystitis

Date of operation Feb. 4, 1954. Was autopsy performed? Yes

What test confirmed diagnosis? Clinical + Laboratory

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Lawrence T. Murphy

(Address) 562 Cherry St., Winthrop, Mass.

Date Feb. 6, 1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL February 9 1954

7 NAME OF
FUNERAL DIRECTORJohn F. O'Malley
Winthrop Mass.

ADDRESS

Received and filed..... 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Male White MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widow, or divorced, give name of spouse.
HUSBAND of Katherine Butler
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: Marine

15 Social Security No. 021-14-1108

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Winfield Burrill

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)21 Informant Lillian V. Kinsel
(Address) 12 Sunset Road WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

PLACE OF DEATH

R-301A

INSTRUCTIONS
FOR
CERTIFICATEIf living
OF DEATHEnter
than one
for each
and (c)Does not mean
of dying, such
ure, asthenia,
as the disease,
ations which
n.conditions,
rise to the
(a) stating
ying causeons contrib-
death but not
e disease or
using death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the season of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China Relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and ten, and the Mexican border treaty of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice;

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 31

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William N. Knox

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 229 Washington Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 6, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 26, 1954 to Feb 6, 1954
I last saw him alive on Feb 6, 1954 death is said to

have occurred on the date stated above, at 12:35 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary

Occlusion 10 days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b) CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation none Was autopsy performed? no

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel J. O'Malley M. D.
(Address) Winthrop Date Feb 6, 1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL February 8, 1954

7 NAME OF FUNERAL DIRECTOR John T. O'Malley

ADDRESS Winthrop Mass.

Received and filed Feb 8, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Helen C. Reynolds
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Steamship

15 Social Security No.

16 BIRTHPLACE (City) Scotland
(State or country)

17 NAME OF FATHER Alexander Knox

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Agnes Neilsen

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant Helen C. Knox
(Address) 229 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

35

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 179 Pauline Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Katherine (Smith) Moore

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 179 Pauline Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 6 - 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 1951, to Feb. 6, 1954

I last saw her alive on Feb. 6, 1954, death is said to

have occurred on the date stated above, at 9 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Metastatic Cancer

ANTE CEDENT
CAUSES (b)

Due To Ca. Breast

Anterior resection

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Cancer of Breast

Date of operation: 1950 Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John J. MacLea M. D.
(Address) 305 Winthrop St. Date Feb. 6, 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 9 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed Feb. 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED widow (write the word)

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Irving B. Moore
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 10 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) Nova Scotia

17 NAME OF FATHER Colin Smith

18 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Jessie MacLeod

20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland21 Informant Colleen Smith
(Address) 179 Pauline St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 2.8.54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 38

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 304 Pleasant Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Joseph James Pittelli
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 304 Pleasant Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 6, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 22, 1951 to Feb. 6, 1954
I last saw him alive on Jan. 27, 1954, death is said to
have occurred on the date stated above, at 10:00 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Esophageal varices
with hemorrhage

ANTECEDENT CAUSES

Due To (b) Cirrhosis of the liver

OTHER SIGNIFICANT CONDITIONS

Major findings: None except parenteris
Date of operation: Jan 25, 1954 Was autopsy performed? No
What test confirmed diagnosis? Clinical laboratory

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Maurice J. Murphy M. D.
(Address) 151 Liberty St. Winthrop, Feb 6, 1954

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 9, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Wark

ADDRESS 174 Winter St. Winthrop, Mass.

Received and filed Jan. 8, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Margaret Mary Maguire
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years 5 Months 23 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Salesman, wholesale
(Kind of work done during most of working life)

14 Industry or Business: Mello-Ripe Fruit Co.

15 Social Security No. 012-05-9249

16 BIRTHPLACE (City) New York City
(State or country) N.Y.

17 NAME OF FATHER Frank Pittelli

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Oliva

20 BIRTHPLACE OF MOTHER (City) New York City
(State or country) N.Y.

21 Informant Mrs. Joseph J. Pittelli
(Address) 304 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other
Walter G. Baker

(Official Designation) (Date of Issue of Permit) 2.8.54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)

No. 29 Chester Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. John Francis Downey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 29 Chester Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 15 years months days. In place of residence N years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 7 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 15 1954 to Feb 6 1954

I last saw him alive on Feb 2 1954, death is said to

have occurred on the date stated above, at 8:45 am.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage SuddenINTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT CAUSES Due To (b) Hypertension
(c) (same)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: none

Date of operation: none Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Date Feb 5 1954 M. D.

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 9 1954

7 NAME OF FUNERAL DIRECTOR John E. McArroy

ADDRESS 223 Mass. Ave. Arlington

Received and filed 9 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Catherine Leach
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 6 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Storekeeper
(Kind of work done during most of working life)

14 Industry or Business: Shipping

15 Social Security No. none

16 BIRTHPLACE (City) Boston, Mass.
(State or country)

17 NAME OF FATHER Edward Downey

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Bridget Leach

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Edward Sharkey
(Address) 29 Chester Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)Health Officer 7-9-54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 39

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Williams
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence, No. 363 Shirley
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 1 days. In place of residence 44 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 10 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 1951 to Feb 10 1954I last saw h. alive on Feb 10 1954 death is said to
have occurred on the date stated above, at 4:40 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary occlusionINTERVAL BE-
TWEEN ONSET
AND DEATH
1 hourANTE CEDENT CAUSES
(b) Due To coronary arteriosclerosisDue To
(c)OTHER SIGNIFICANT CONDITIONS
generalized arteriosclerosis
C.V.A. (old)Major findings:
Of operations

Date of operation - Was autopsy performed? NO

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H.B. Greenfield M.D. M. D.
(Address) 475 Broadway Winthrop Date Feb 10 1954Sistereth Street, River Street
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL February 12 1954

7 NAME OF FUNERAL DIRECTOR Hyman J. Taub
ADDRESS 51 Washington Ave Chelsea

Received and filed Feb 11 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word)
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Myer Williams
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Henry Marcus

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C.B.L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Harry Williams
(Address) 1251 N. 13th St. Philadelphia PennI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Lakey
(Signature of Agent of Board of Health or other)Health Officer 2-11-54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

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GOVERNING THE

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

40

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HARRY A BRAWLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, 10
if so specify WAR)(a) Residence. No. 912 Shirley Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 11, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1950, to 11 February 1954
I last saw him alive on 10 February, 1954, death is said to
have occurred on the date stated above, at 6:10 A.M.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Thrombosis 3 wks

ANTECEDENT CAUSES (b) Cerebral Arteriosclerosis years

(c) Generalized Arterio-sclerosis years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Arthur J. Murray
(Signed) (Address) Winthrop Mass Date 11 Feb 1954
(City or Town)6 MT. BENEDICT 1305703
Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEB 15 1954

7 NAME OF FUNERAL DIRECTOR Joseph L Burke

ADDRESS 1349 Centre St Newton, Mass.

Received and filed FEB 11 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of WINIFRED LEONARD BRAWLEY
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: ENGINEER
(Kind of work done during most of working life)

14 Industry or Business: ENGINEER CITY OF BOSTON

15 Social Security No.

16 BIRTHPLACE (City) CITY OF BOSTON
(State or country)

17 NAME OF FATHER John P BRAWLEY

18 BIRTHPLACE OF FATHER (City) Boston
(State or country)

19 MAIDEN NAME OF MOTHER Eliaor O'Connor

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country)21 Informant MRS WINIFRED BRAWLEY
(Address) 912 Shirley St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Valter G. Baker
(Signature of Agent of Board of Health or other)Health Officer 2.11.54
(Official Designation) (Date of Issue of Permit)

50M-5-52-507046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . S. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb ther than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)

1

No. Mar-Bern Nursing Home, Malden, Mass. St. 490 Highland Ave.

2

FULL NAME

Katharine R. Maguire

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Winthrop Arms Hotel 180 Grove St. Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years 9 months 18 days. In place of residence 5 years 9 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 15 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 48 to February 15 54

I last saw her alive on February 14 54. death is said to have occurred on the date stated above, at 4:40 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Thrombosis 4-6 hrs.ANTE DUE TO Arteriosclerotic 20-
CEDENT (b) Heart Disease 25yrs.
CAUSESDUE TO Generalized 20-
(c) Arteriosclerosis 25yrsOTHER SIGNIFICANT CONDITIONS Abdominal Cyst 12-18 mos.
(mesenteric)Major findings:
Of operations:

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify: Edmund L. Whelan
(Signed) 119 Forest St. Medford M. D.
(Address) Date 2-15-54 4:19
Holy Cross Malden6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL February 17, 547 NAME OF FUNERAL DIRECTOR Gerald F. Scally
54 Pleasant St., Dorchester
ADDRESS

Received and filed MAR 3 1954

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No. 41

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, No if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

10a If married, widowed, or divorced

HUSBAND of James E. Maguire (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years - Months - Days If under 24 hours Hours Minutes

13 Usual Occupation: Home (Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER Thomas Roche

18 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

21 Informant (Address) Richard Maguire 20 Ridgfield Rd. Winchester

A TRUE COPY

ATTEST: Raymond F. Cronin (Registrar of City or Town where death occurred)

February 17th. 1954

DATE FILED

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(R)-11-51-905807

RECEIVED



MAR-5 19

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

(County)

Winthrop

(City or Town)

No.

Paul's Rest Home

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Margaret O'Gorman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

no

(a) Residence. No.

185 Cliff Avenue

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFeb 15 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

10/11 1951 to 2/15 1954

I last saw her alive on 2/15 1954, death is said to

have occurred on the date stated above, at 5:14 m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION,
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage

12 hrs.

ANTE
CEDENT
CAUSES

Due To

Hypertension

(b)

5 yrs

Due To

Arteriosclerosis

(c)

5 yrs

OTHER
SIGNIFICANT
CONDITIONS

Chronic bronchial asthma

5 yrs

Major findings:
Of operations

none

Date of operation none Was autopsy performed?

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? he

If so, specify

Impaired H. B.

(Signed)

(Address) 185 Cliff Ave., Winthrop

Date

2/15

1954

6 St. John's

Worcester

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Feb. 17, 1954

19

7 NAME OF
FUNERAL DIRECTOR

Frederic J. Crosby

ADDRESS

867 Beacon St., Boston

Received and filed

February 15, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

36

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual
Occupation

at home

(Kind of work done during most of working life)

14 Industry
or Business

15 Social Security No.

none

16 BIRTHPLACE (City)

Worcester, Mass.

(State or country)

17 NAME OF
FATHER

John O'Gorman

18 BIRTHPLACE OF
FATHER (City)

London

(State or country)

England

19 MAIDEN NAME
OF MOTHER

Anne O'Brien

20 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

21

Informant

F. Milot Underwood

(Address)

1 Blat St., Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk County
Waltham Mass
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 43

No. 37 Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo Mammella
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 34 West Eagle & Boston St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 3 months days. In place of residence 30 years 3 months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthma, etc.,
which
cause death.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 2 17 54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

3/4 19 40 to 2/17 19 54

I last saw him alive on 2/17 19 54 death is said to

have occurred on the date stated above, at 6 AM.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) INTERSTITIAL
nephritisANTECEDENT CAUSES (b) cerebral
thrombosis

(c) Due To Pyelonephritis

OTHER SIGNIFICANT CONDITIONS Diabetes
mellitusMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Anthony M. D.

(Address) 116 Lincoln St. Date 2/17/54

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 22 19 54

7 NAME OF FUNERAL DIRECTOR Jose Scaramella

ADDRESS 37 Orleans St. Boston

Received and filed 19 54

(Registrar)

East Boston 7-3663

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Rose Delorto
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 1 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Candy Maker
(Kind of work done during most of working life)

14 Industry or Business Candy Maker Foreman

15 Social Security No. 0-4-10-33-35

16 BIRTHPLACE (City) Guelino (State or country) Italy

17 NAME OF FATHER Ralph Mammella

18 BIRTHPLACE OF FATHER (City) Guelino (State or country) Italy

19 MAIDEN NAME OF MOTHER Carmelina

20 BIRTHPLACE OF MOTHER (City) Guelino (State or country) Italy

21 Informant Louise Mammella (Address) 34 West Eagle St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Mammella
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 2-19-54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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CERTIFICATEing
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ath but not
disease or
sing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Crest Haven Rest Home

2 FULL NAME Owen Lamb
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 98 Bay View Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 11 months. days. In place of residence. 7 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 18, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1953, 19 to Feb. 18, 1954

I last saw him alive on Feb. 15, 1954, death is said to

have occurred on the date stated above, at 7:52 A.M.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Myocardial
Heart DiseaseANTE CEDENT (b) Due To
CAUSES arteriosclerosis
generalized

Due To (c) Analysis Agitation

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date 2-19-54

1954

Village Cemetery, Weymouth Mass.
(City or Town)

DATE OF BURIAL February 22, 1954

7 NAME OF FUNERAL DIRECTOR Wm. F. Welsh
ADDRESS 718 Broadway Chelsea, Mass.

Received and filed FEB 13 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 44

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of Edith Gerrold
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Engineer
(Kind of work done during most of working life)

14 Industry or Business: Hoisting Company

15 Social Security No.

16 BIRTHPLACE (City) Rockport
(State or country) Mass.

17 NAME OF FATHER James T. Lamb

18 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME OF MOTHER Bridget Ryan

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

21 Informant Pauline Mason (daughter)
(Address) 87 Blossom St. Chelsea, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 2-19-54

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FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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FEB 1 1946

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

45

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Rest Home

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

2 FULL NAME

Elizabeth Markey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

138 Main St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years 1 months 18 days. In place of residence 40 years..... months..... days.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

February 18, 1954.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 2, 1953, to Feb. 18, 1954

I last saw her alive on Feb. 18, 1954, death is said to

have occurred on the date stated above, at 1:40 P. M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTE
CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation.....

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) _____

(Address) _____

(City or Town) _____

(State) _____

(Date of Burial or Cremation) _____

DATE OF BURIAL

February 20, 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

71

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual
Occupation:

At Home

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Boston

Mass

17 NAME OF
FATHER

Patrick Markey

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Cecelia Terrell

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Frank C. Gorman Atty.

73 Tremont St Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
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ations which
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ing rise to the
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death but not
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causing death.

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Chelsea
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHChelsea
(City or town making return)
Registered No. 91 46

No. Soldiers' Home Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Allen Mason
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 7 Somerset Terrace
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years 6 months 22 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 18, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 27, 1953, to Feb. 18, 1954.I last saw him alive on Feb. 18, 1954 death is said to
have occurred on the date stated above, at 7:05 p.m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Complete

atrioventricular block. 2 yrs.

ANTECEDENT CAUSES (b) Arteriosclerotic
heart disease yrs.

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis EKG & Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Volcomars Jansons M. D.
(Address) Chelsea, Mass. Date 2/19/546 Woodlawn Gen. Crematory, Everett
Place of burial or cremation City or town

DATE OF BURIAL Feb. 23, 1954

7 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAR 2 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Ina Larkin
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 11 Months 13 Days If under 24 hours Hours Minutes

13 Usual Occupation Graduate Nurse
(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) London, England
(State or country)

17 NAME OF FATHER Frederick

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Virginia Allen

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Hospital Records
(Address) Soldiers' Home, Chelsea

A TRUE COPY

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Feb. 19, 1954



MAR-3

Enlisted 5/7/17

Discharged 5/17/19

Pfc Co.D.Conv.Ctr.Base Hosp.

6744 C#251515

PLACE OF DEATH

Suffolk County
Winthrop
(County)
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 47

No. 68 Bates Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John B. Carr. (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, None if so specify WAR)

(a) Residence. No. 28 Monument Ct. Chasin St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb - 19 - 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Rt. Coronary Occlusion;
Rt. & Lt. Coronary Sclerosis
Old Coronary Infarct

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....

Manner of Injury Collapsed at his house
(Specify type of place)

Nature of Injury & died quickly
(How did injury occur?)

While at work?..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) John J. Brinkley, M. D.

(Address) Boston Feb - 19 - 1954

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL February 22 1954

8 NAME OF FUNERAL DIRECTOR Danielle Willes

ADDRESS 3 Dexter Row Charlestown, Mass

Received and filed..... 23 1954..... 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed, or divorced HUSBAND OF Frances L. Cronin
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 69 Years - Months - Days If under 24 hours Hours Minutes

14 Usual Occupation: Hoseman
(Kind of work done during most of working life)

15 Industry or Business: Boston Fire Dept.

16 Social Security No. None

17 BIRTHPLACE (City) Boston
(State or country) Mass

18 NAME OF FATHER John B. Carr

19 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

20 MAIDEN NAME OF MOTHER Catherine B. Sullivan

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

22 Informant Mrs. Frances L. Carr
(Address) 68 Bates Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Board of Health or other)
H.O. Feb. 20/54
(Official Designation) (Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-1-52-906135

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1935.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

1

SUFFOLK
BOSTON

(County)

(City or Town)

No.

N E Hospital



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1762 48

2 PULL NAME

BABY GOY GRAVEL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

41 Harborview Ave.,

(a) Residence. No.

(Usual place of abode)

xxx (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

xxx Walthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFebruary 24 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

2/24 19 to 2/24 1954

I last saw him alive on 2/24 1954, death is said to
have occurred on the date stated above, at 12:45 p.m.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) gross prematurity
(5 mos)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Money M. D.
(Address) Brookline, Mass. Date 2/24 1954

6 Place of Burial or Cremation Boston

DATE OF BURIAL Feb 26 19

7 NAME OF
FUNERAL DIRECTOR J D Fallon & SonADDRESS W H Sheene - F.D.
Jam Plain

Received and filed MAR 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE..... Years..... Months..... Days

If under 24 hours

7 Hours 48 Minutes

13 Usual

Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) Boston17 NAME OF
FATHER

Joseph J Gravel

18 BIRTHPLACE OF

FATHER (City) Boston
(State or country)

19 MAIDEN NAME

OF MOTHER Anne C Welter

20 BIRTHPLACE OF

MOTHER (City) -cannot be learned-
(State or country)54 Informant Father
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Mar. 1, 1954

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illness, asthenia,
which the disease,
conditions which
th.id conditions,
ing rise to the
e (a) stating
plying causetions contrib-
e death but not
the disease or
causing death.

50M-3-53-909098

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 63 Summit Ave. St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Timothy J. Barter
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 63 Summit Ave. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 28, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1951 to Feb 28 1954
I last saw him alive on Feb 27 1954, death is said to

have occurred on the date stated above, at 9:20 A. m. INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Coronary
Heart disease 1951ANTECEDENT CAUSES (b) Generalized
Arteriosclerosis 1951

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: none
Of operations: none

Date of operation: none Was autopsy performed?

What test confirmed diagnosis? Electrocardiograph

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 624 [Signature] M. D.

(Address) Winthrop Date March 1 1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Mar. 3 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed

(Registrar)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 49

To be filed for burial permit
with Board of Health
or its Agent.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of Margaret T. Fitzpatrick
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Legislature Reporter
(Kind of work done during most of working life)

14 Industry or Business State

15 Social Security No. 010-03-7038

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER William H. Barter

18 BIRTHPLACE OF FATHER (City) Maine
(State or country)

19 MAIDEN NAME OF MOTHER Mary E. Ahern

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)21 Informant Margaret T. Barter
(Address) 63 Summit Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 3.1.54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the cause of which he died, defined as required by section one, where same was not so defined, the duration of his last illness, when last seen alive by the physician or medical officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. . . or the purposes of this section and of sections forty-five, forty-six and forty-seven of chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border controversy of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and move it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

NORFOLK

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

PLACE OF DEATH

1

BROOKLINE

(County)

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No. 124

50

No. Brentwood Convalescent Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Minetta F. Griggs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 21 Harbor View Avenue
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 14 days. In place of residence..... 60 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 12 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 52, 19 to February 12, 1954I last saw her alive on February 11, 1954, death is said to
have occurred on the date stated above, at 1:10 a. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Coronary Artery Disease
with heart failureINTERVAL BE-
TWEEN ONSET
AND DEATH

3 wks

ANTE CEDENT CAUSES Due To Coronary Artery Disease
(b)

4 yrs

Due To Arteriosclerosis and
(c) Senility

10 yrs

OTHER
SIGNIFICANT
CONDITIONS Malnutrition

4 mos.

Major findings:
Of operations

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify A. W. Contratto

(Signed) 1180 Beacon St. M. D.

(Address) Brookline, Mass. Date Feb. 12, 1954

6 Evergreen Cemetery, Brighton, Massachusetts
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 15 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed MAR 16 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Griggs

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 6 Months 27 Days If under 24 hours
Hours..... Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Cannot be learned

18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)21 Informant Edward S. Coombs
(Address) 70 Salem St., Malden, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 18 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD



MAR 1

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-9C9098

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne

No.

Evangeline Nelson (Getchell)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

39 Grovers Ave.

(a) Residence. No. (Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

February 18, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY,

That I attended deceased from

Feb. 9, 1954, to Feb. 18, 1954,

I last saw her alive on Feb. 18, 1954, death is said to

have occurred on the date stated above, at 1:10 P. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Generalized

Arteriosclerosis

yrs

ANTE CEDENT CAUSES

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Acute Enteritis

1 day

Major findings: Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd, M. D.

(Address) Hathorne, Mass. Date 2/19/1954

6 G.A.R. Cemetery Lewiston, Maine

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 22, 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed MAR 18 1954

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED Married

or DIVORCED

10a. If married, widowed, or divorced

HUSBAND or

1. William Springall

(Give maiden name of wife in full)

(or) WIFE of

2. Leon Nelson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

90 Years

10 Months

1 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

New Portland
Maine

17 NAME OF FATHER

Andrew Getchell

18 BIRTHPLACE OF

FATHER (City)

Madison

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Sarah Sawyer

20 BIRTHPLACE OF

MOTHER (City)

Madison

(State or country)

Maine

21 Informant (Address)

Mary E. Sheehan
Hathorne, Mass.

A TRUE COPY

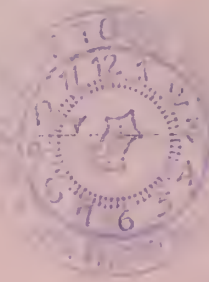
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED

February 23, 1954

19

RECEIVED



MAR 18

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRETOWN OR CITY
CLERK'S NO. ...

52

1. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	2. DATE OF DEATH (Month) (Day) (Year)	
		Francis	J.	Farrell	Feb. 19 1954	
3. PLACE OF DEATH a. COUNTY				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY		
Hillsboro				Mass. Suffolk		
b. CITY OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (Give actual town of residence, NOT mailing address).		
Nashua		1 day		Winthrop		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)		
Memorial Hosp.				290 Revere		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
Male	White	wid.		10-17-1895	56	
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Store Mgr.		Singer Sewing Machine Co.		Mass.		U.S.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Francis Farrell				Della Hackett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		
		015-09-2387		Mrs. Francis Gunn		
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
(a) DUE TO				Acute Pulmonary Edema		3 hrs.
(b) DUE TO				Acute Myocardial Decompensation		3 hrs.
(c) DUE TO				Cerebral Hemorrhage		3 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-19, 1954, to 2-19, 1954 that I last saw the deceased alive on 2-19, 1954 that death occurred at 1:54p from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED		
Charles L. Umpe M.D.		Nashua, N. H.		2-20-54		
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)
Burial		2-22-54		St. Patrick		Lowell, Mass.
24e. PLACE OF BURIAL (Name of Cemetery)		LOCATION (City, Town, County) (State)		DATE		
25. FUNERAL DIRECTOR		ADDRESS		COUNTERSIGNED - AGENT (City Bd. of Health)		DATE
James O'Donnell		Lowell, Mass.		Marie Anne Charal		2-20-54
DATE REC'D BY TOWN OR CITY CLERK		CLERK'S OWN SIGNATURE		CLERK OF		
Feb. 25, 1954		Edward S. LeBlanc		Nashua, N. H.		

A true copy, Attest:

Edward S. LeBlanc Clerk of Nashua, N.H. Dated 3-9 1954

MAR 22 1954

1885

1885

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EVERETT

(City or town making return)

53

Registered No.

PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)

No. Whidden Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Winnie E. Davison

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

26 Ingleside Ave.

(Usual place of abode)

- St.

Winthrop

{ (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

February

25.

1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE and MANNER thereof are as follows: (If an injury was involved, state fully.)

Gen. Arteriosclerosis

Broncho pneumonia

Fracture Rt. Hip

accident

5 Accident, suicide, or homicide (specify)

Feb. 17, 1954

Date and hour of injury

Where did

Winthrop, Mass.

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

At home

Manner of

Fell at home and

Injury

(Specify type of place)

Nature of

Injured rt. hip

Injury

(How did injury occur?)

While at work?

no

no

Was autopsy performed?

no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

G.S. Miles

(Signed)

Somerville

(Address)

Date

2-25

M. D.

1954

7 Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

Alfred B. Marsh

8 NAME OF

FUNERAL DIRECTOR

Winthrop

ADDRESS

Received and filed

March 15, 1954

1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

f

10 COLOR OR RACE

Wht.

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

single

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

81

4

13

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation

Retired School Teacher

(Kind of work done during most of working life)

15 Industry

or Business

Revere Public School Dept.

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Winthrop

Mass.

18 NAME OF

FATHER

John W.

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Mass.

20 MAIDEN NAME

OF MOTHER

Lovicy White

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Vermont

Roland E. Davison

22

Informant

(Address)

Winthrop

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

3-1-19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M.5-52-907046

REVUE



MARTE

1871-72 8 10/10

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 51

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Zaks (Parker)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

16 Nevada St.

Winthrop

(a) Residence. No. St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 7 months 8 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 26, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

General Arteriosclerosis
Fracture right hip5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury July 19 53Where did Danvers State Hosp
Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public Place

(Specify type of place)

Manner of Fell onto floor

(How did injury occur?)

Nature of Fracture rt. hip

While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? a

If so, specify

(Signed) Ralph E. Foss

(Address) Peabody, Mass. Date 2/26/ 19 54

7 Tefereth Israel of Winthrop, Everett

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL February 26 19 54

8 NAME OF H. J. Tori

FUNERAL DIRECTOR Chelsea, Mass.

ADDRESS

Received and filed Mar 18 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed, or divorced, HUSBAND of 1. David Becker
(Give maiden name of wife in full)(or) WIFE of 2. Harry Zaks
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 74 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No.

17 BIRTHPLACE (City) Austria
(State or country)

18 NAME OF FATHER Louis Parker

19 BIRTHPLACE OF FATHER (City) Austria
(State or country)

20 MAIDEN NAME OF MOTHER Martel Weiss

21 BIRTHPLACE OF MOTHER (City) Austria
(State or country)22 Informant Mary E. Sheehan
(Address) Hathorne, Mass.A TRUE COPY ATTEST Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED March 1 19 54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars, or the purposes of this section and of sections forty-five, forty-six and forty-seven said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border war of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb there than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. **Veterans Administration Hospital xxx** (If death occurred in a hospital or institution, give its NAME instead of street and number)**MAURICE N RUSKIN**

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

56 Sagamore Ave.,

(a) Residence. No. (Usual place of abode)

xxxx**Winthrop, Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 3 1954**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from **3/2** 19....., to **3/3** 19....., death is said tohave occurred on the date stated above, at **4:20a.** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Myocardial infarction**INTERVAL BE-
TWEEN ONSET
AND DEATH**4** daysANTE CEDENT CAUSES Due To **arteriosclerosis of coronary arteries**

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....
Date of operation..... Was autopsy performed? **no**
What test confirmed diagnosis? **electrocardiogram**5 Was disease or injury in any way related to occupation of deceased?
If so, specify **Colbert**
(Signed) **YAB** Date **3/3** M. D. **19 54**
(Address) **Sharon 404 Park Sharon, Mass**6 Place of Burial or Cremation **Mar 4** (City or Town) **54**
DATE OF BURIAL.....19.....7 NAME OF FUNERAL DIRECTOR **Levine Chapel**
ADDRESS **Brookline, Mass.**Received and filed **March 15, 1954**

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **1951****56**(Was deceased a U. S. War Veteran, if so specify WAR.) **WW I**

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE (write the word) **MARRIED**
MARRIED WIDOWED or DIVORCED **Married**10a If married, widowed, or divorced HUSBAND of **Ophe Bloom**
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **65** Years **5** Months **21** Days If under 24 hours
Hours.....Minutes13 Usual Occupation **Salesman**
(Kind of work done during most of working life)14 Industry or Business **Insurance**15 Social Security No. **030-01-1913**16 BIRTHPLACE (City) **New York, N.Y.**
(State or country)17 NAME OF FATHER **Frank Ruskin**18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)19 MAIDEN NAME OF MOTHER **Fannie Rosenberg**20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)21 Informant (Address) **Hospital Records**A TRUE COPY **Charles H. Mackie**
ATTEST: (Registrar of City or Town where death occurred)DATE FILED **Mar 8 19 54**

DATE OF ENTERING MILITARY SERVICE - 6/19/17

" " DISCHARGE

1/24/19

RANK, RATING

Pvt

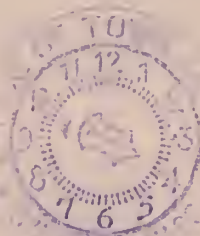
ORGANIZATION & OUTFIT

U S Army 26th Div

SERVICE NUMBER

3571

RECEIVED



MAR 15 11

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 57

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Josephine French
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 183 Winthrop Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 4, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1951 to March 1954
I last saw her alive on March 3, 1954, death is said to

have occurred on the date stated above, at 6:45 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Cerebral arterio-sclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT (b) Generalized arterio-sclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations. none

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. C. Murray M. D.

(Address) Winthrop, Mass. Date 4 March 1954

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 6, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. 5 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Orra French
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 6 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Jamaica Plain
(State or country) Mass.

17 NAME OF FATHER John F. Sawyer

18 BIRTHPLACE OF FATHER (City) Maine

19 MAIDEN NAME OF MOTHER Frances A. Burrill

20 BIRTHPLACE OF MOTHER (City) Maine

21 Informant Harold Eaton French

(Address) 183 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 3.5.54

(Official Designation) (Date of Issue of Permit)

50M-532-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians; see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHenter
than one
for each
(b) and (c)does not mean
of dying, such
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h.d conditions,
ng rise to the
(a) stating
ying causeions contrib-
death but not
se disease or
causing death.

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 5 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 1952 to Mar 5 1954I last saw her alive on Mar 4 1954 death is said tohave occurred on the date stated above, at 12 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral hemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH13 hrANTE
CEDENT
CAUSES

Due To

(b)

Hypertension

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....Date of operation..... Was autopsy performed? noWhat test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Myron N. King(Address) 222 E. 1st St. Waltham, Mass.Date Mar 5 19546 Waltham, Mass.
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 5 19547 NAME OF
FUNERAL DIRECTORADDRESS WalthamReceived and filed 3/3/54 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 58(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female9 COLOR OR RACE White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of William B. MacDonald
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 67 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation: Home

(Kind of work done during most of working life)

14 Industry
or Business:15 Social Security No. Source p.c.d.16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER Christopher M. McCormack18 BIRTHPLACE OF
FATHER (City)
(State or country) Source p.c.d.19 MAIDEN NAME
OF MOTHER Elizabeth M. Lean20 BIRTHPLACE OF
MOTHER (City)
(State or country) Source p.c.d.

PARENTS

Informant
(Address) Thelma MacDonald
67 Bates AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3.3.54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

R-302

PLACE OF DEATH		The Commonwealth of Massachusetts		Cambridge	
1	Middlesex (County)	EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS	Cambridge (City or town making return)		
	Cambridge (City or Town)	COPY OF CERTIFICATE OF DEATH		Registered No. 329	59
No. Holy Ghost Hospital		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME Annie Gratton		(If deceased is a married, widowed or divorced woman, give also maiden name.)			
(a) Residence. No. 57 Moore		St. Winthrop, Mass.			
(Usual place of abode)		(If nonresident, give city or town and State)			
Length of stay: In place of death 2 years 8 months 21 days In place of residence 6 years months days.					
MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH March 6 1954			8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Widow		
4 I HEREBY CERTIFY, That I attended deceased from April 10 1953 to March 6 1954			10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)		
I last saw her alive on March 6, 1954 death is said to have occurred on the date stated above, at 4:45 p.m.			(or) WIFE of William Gratton (husband's name in full)		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion			11 IF STILLBORN, enter that fact here.		
INTERVAL BETWEEN ONSET AND DEATH hrs.			12 AGE 80 Years 7 Months 17 Days If under 24 hours Hours Minutes		
ANTE CEDENT CAUSES (b) arteriosclerotic heart disease			13 Usual Occupation: Housewife (Kind of work done during most of working life)		
Due To (c)			14 Industry or Business: own home		
OTHER SIGNIFICANT CONDITIONS			15 Social Security No.		
Major findings: Of operations.			16 BIRTHPLACE (City) (State or country) Ireland		
Date of operation. Was autopsy performed? no			17 NAME OF FATHER John Coyle		
What test confirmed diagnosis?			18 BIRTHPLACE OF FATHER (City) (State or country) Ireland		
5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) George B. Smithy M. D. (Address) Holy Ghost Hospt. Date 3/6/54			19 MAIDEN NAME OF MOTHER Anne McCann		
6 Burial or Cremation Winthrop, Mass.			20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland		
DATE OF BURIAL March 9, 1954			21 Informant (Address) Henry J. Gratton 57 Moore St. Winthrop		
7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds			A TRUE COPY Frederick W. Bunde		
ADDRESS Winthrop, Mass.			ATTEST: (Registrar of City or Town where death occurred)		
Received and filed APR 6 1954			DATE FILED March 6, 1954		
(Registrar of City or Town where deceased resided)					

X

RECEIVED



APR-6 1963

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **60**

No. *457 Winthrop St.* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Robert F. Rawston* { **PHYSICIAN — IMPORTANT**
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (Was deceased a U. S. War Veteran, if so specify WAR)
(a) Residence. No. *457 Winthrop St. Winthrop* (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....days. In place of residence *17* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 7 1954*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CORONARY OCCLUSION

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?.....
(Specify type of place)

Manner of Injury.....
(How did injury occur?)

Nature of Injury.....

While at work?..... Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Michael J. Lyons*, M. D.

(Address) *35 South St. 3/7 1954*

7 *Winthrop Winthrop*
Place of Burial, or Cremation, (City or Town)

DATE OF BURIAL *Mar. 9 1954*

8 NAME OF FUNERAL DIRECTOR *John F. C. McKeely*

ADDRESS *Winthrop*

Received and filed.....*3/8/54*.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED*
or DIVORCED *Married*

11a If married, widowed, or divorced HUSBAND of *Nora Tiernay*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *55* Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Foreman*
(Kind of work done during most of working life)

15 Industry or Business: *Cotton Mill*

16 Social Security No. *022-05-6780*

17 BIRTHPLACE (City) *Fall River* Mass

18 NAME OF FATHER *George*

19 BIRTHPLACE OF FATHER (City).....
(State or country) *England*

20 MAIDEN NAME OF MOTHER *Mary Stevens*

21 BIRTHPLACE OF MOTHER (City).....
(State or country) *Rhode Island*

22 Informant *Nora Rawston*
(Address) *457 Winthrop St. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health of other)
Health Officer (Official Designation) *3.8.54* (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 61

PLACE OF DEATH

Suppleb
Shirley
(County)
(City or Town)

No. 1008 Shirley

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Margaret E. Culleton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) none

(a) Residence. No. 1008 Shirley St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 8 - 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec. 1953, to March 8, 1954I last saw her alive on March 8, 1954, death is said to
have occurred on the date stated above, at 3:55 P. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) myocardial
heart diseaseANTE Due To
CEDENT (b) arteriosclerosisCAUSES Due To
(c) senilityOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Frederick J. Maguire, M. D.
(Address) 1008 Shirley St. Date 3-9-546 Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 11 1954

7 NAME OF FUNERAL DIRECTOR Frederick J. Maguire

ADDRESS East Boston

Received and filed. 3/10/54 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE Michael O. Culleton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) Bay Roberts
(State or country) Newfoundland

17 NAME OF FATHER Edward Keefe

18 BIRTHPLACE OF FATHER (City) Bay Roberts
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Margaret Fitzpatrick

20 BIRTHPLACE OF MOTHER (City) Bay Roberts
(State or country) Newfoundland21 Informant (Address) Margaret Culleton
1008 Shirley St. CambridgeI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter D. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3-10-54

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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death but not
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causing death.

50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

62

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

(County)

(City or Town)

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Giuseppe Michel Imperato (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 604 Broadway St. Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 4 days. In place of residence 3 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 5 1954 to Mar 11 1954I last saw him alive on Mar 11 1954, death is said to
have occurred on the date stated above, at 5:05 P. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral hemorrhageMultiple Cerebral hemorrhageANTE Due To
CEDENT (b) arteriosclerosis
CAUSESDue To
(c) arteriosclerotic heart
diseaseOTHER
SIGNIFICANT
CONDITIONS Cardiac failureMajor findings:
Of operations. none

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Cutino M. D.
(Address) 603 Broadway, Revere Date Mar. 12 19546 St. Michael's, Roslindale
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 12 1954 197 NAME OF FUNERAL DIRECTOR Alfred Russo Funeral Home
ADDRESS 25 Prince St. Boston, Mass.Received and filed MAR 12 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED Widowed
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of Maria Siano
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Laborer
(Kind of work done during most of working life)14 Industry or Business: Non Employed15 Social Security No. 029-10-407916 BIRTHPLACE (City) Italy
(State or country)17 NAME OF FATHER unknown18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER unknown20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Ralph Imperato (Son)
(Address) 604 Broadway, Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker, S.
(Signature of Agent of Board of Health or other)Health Officer (Official Designation) 3. 12. 54 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-5-22-907046

PLACE OF DEATH

1

Suffolk County
Winthrop
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

63

Registered No.

No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Thomas A. Rocca
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 40 Crescent Ave. St. Beachmont
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 3 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 14 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 12 1954, to Mar 14 1954

I last saw him alive on Mar 14 1954 death is said to

have occurred on the date stated above, at 1:20 P. m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Prematurity
8 1/2 monthsANTE Due To Bilateral Atelctasis 2 days
CEDENT (b) Cerebral Anoxia 2 days
CAUSESDue To Bilateral Atelctasis
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? Y

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) D. D. Pratt

(Address) 94 Beacon St.

Date 3/14 1954

6 Place of Burial or Cremation St. Michaels Boston
(City or Town)

DATE OF BURIAL March 15 1954

7 NAME OF FUNERAL DIRECTOR Vincent J. Quinn

ADDRESS 900 E. 3rd St. Boston

Received and filed. MAR 15 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.
(Give maiden name of wife in full)(or) WIFE of.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE. Years. Months 3 Days If under 24 hours
Hours. Minutes13 Usual Occupation:
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Albert Rocca

18 BIRTHPLACE OF

FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Olga L. Ventrasca

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country)21 Informant Albert Rocca
(Address) 40 Crescent Ave BeachmontI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter A. Pablos
(Signature of Agent of Board of Health or other)
Healey Office 3-12-54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2382

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY MAHONEY (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 827 Shirley St. Wintthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days In place of residence 20 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 15 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 3/14 19 to 3/15/54 we last saw her alive on 3/15 1954 death is said to

have occurred on the date stated above, at 9:30p. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) rheumatic heart disease

ANTE DUE TO CEDENT CAUSES (b) congestive heart failure

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. Cass M. D.

(Address) PBBH Date 3/16 19 54

6 Wintthrop Cem Wintthrop, Mass Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar 18 19 54

7 NAME OF FUNERAL DIRECTOR F. McGlinchey

ADDRESS Chelsea, Mass

Received and filed MAR 29 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Mahoney (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) North Walpole, N.H. (State or country)

17 NAME OF FATHER William - - -

18 BIRTHPLACE OF FATHER (City) Vermont (State or country)

19 MAIDEN NAME OF MOTHER Mary Hayes

20 BIRTHPLACE OF MOTHER (City) New Hampshire (State or country)

21 Informant (Address) W Mahoney

A TRUE COPY

ATTEST: Charles J. Mackie (Registrar of City or Town where death occurred)

DATE FILED Mar 19 19 54

R-301A

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50M-10-52-908091

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 65

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. MAYFLOWER NURSING HOME

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME MARY HAWKES
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 59 CHERRY STREET
(Usual place of abode)St. CHELSEA, MASS.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 12 days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 16, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1951, to March 16, 1954
I last saw her alive on March 14, 1954, death is said to

have occurred on the date stated above, at 9:15 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Sclerosis 2 years

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Bronchial Asthma 2 years

Major findings:
Of operations.

None

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

(Address)

AC Borden M.D. Date 3/16/54
Chelsea, MASS.16 PLACE OF BURIAL OR CREMATION
(City or Town)

DATE OF BURIAL MARCH 18, 1954

7 NAME OF
FUNERAL DIRECTOR M. F. WELSH

ADDRESS 718 BROADWAY CHELSEA, MASS.

Received and filed March 19, 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

FEMALE WHITE MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

ERNEST HAWKES

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 55 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

PACKER

(Kind of work done during most of working life)

14 Industry

or Business:

SUFFOLK FARMERS CO.

15 Social Security No. 014-20-3119

16 BIRTHPLACE (City)

CAMBRIDGE

(State or country)

MASS.

17 NAME OF

FATHER

FRANCIS BEGEN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

CANADA

19 MAIDEN NAME

OF MOTHER

CATHERINE MORGAN

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

CANADA

21

Informant

(Address)

EVELYN BEGEN (SISTER)

70 REVERE ST. BOSTON, MASS.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3.18.54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)
Wintthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 66

No. Wintthrop Community Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

2 FULL NAME Bessie Sherr
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 46 Dolphin Avenue St. Wintthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 78 days. In place of residence years 4 months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

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MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July, 1950 to March 19, 1954
I last saw her alive on March 19, 1954, death is said to

have occurred on the date stated above, at 8:30 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cardiac Decompensation

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To
CEDENT (b) Hypertensive - Coronary
CAUSES Atherosclerotic Heart Disease

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.
(Address) Wintthrop, Mass Date 3/19/54

6 Donchester Hebrew Helping Hand
Place of Burial or Cremation (City or Town) Everett

DATE OF BURIAL March 21st 1954

7 NAME OF FUNERAL DIRECTOR Philip Briss

ADDRESS 294 Washington Street Dor 24

Received and filed MAR 23 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED widow
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Barnett Sherr
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: house wife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. No

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Simon Margil

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Fruma (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Francis Locke
(Address) 46 Dolphin Avenue, Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter [Signature]

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-5-52-907046

EXTRACTS

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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Washington Rest Home

STANDARD
CERTIFICATE OF DEATH

Registered No. 67

2 FULL NAME. Charles William Howard
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran. NO.
if so specify WAR)(a) Residence. No. 60 Court Road
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 10 years months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 20, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. alive on 19, death is said to

have occurred on the date stated above, at 5:10 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Natural causes

ANTE
CEDENT
CAUSES

Due To (b) Cerebral Arteriosclerosis years

Due To (c) Generalized Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health 20 March 1954

6 Lakeview Cemetery Wakefield, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 23, 1954 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed. MAR 23 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of. Alice Claudia Miskelly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years 1 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired contractor
(Kind of work done during most of working life)

14 Industry or Business: building construction

15 Social Security No. 020-16-9270

16 BIRTHPLACE (City) Wilton
(State or country) Maine

17 NAME OF FATHER William Howard

18 BIRTHPLACE OF FATHER (City) Wilton
(State or country) Maine

19 MAIDEN NAME OF MOTHER Alice Harwood

20 BIRTHPLACE OF MOTHER (City) Wilton
(State or country) Maine21 Informant Webster Eugene Howard
(Address) 65 Park St., W. RoxburyI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent, Board of Health or other)

(Official Designation) H. O. (Date of Issue of Permit) 3/23/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2607

Peter Bent Brigham Hospital

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

xxx

2 FULL NAME LOUIS KIERNAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 760 Shirley

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 4 years 4 months 4 days. In place of residence 16 years 4 months 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 22, 1954
(Month) (Day) (Year)

We HEREBY CERTIFY, That I attended deceased from 11/23, 1953, to 3/22, 1954.

We last saw him alive on 3/22, 1954 death is said to

have occurred on the date stated above, at 6:10 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinoma of prostate gland with metastases

ANTE DUE TO (b) to pelvis, liver and lungs

CEDENT CAUSES

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Carcinoma of urinary bladder and prostate gland

Date of operation 12/5/53 Was autopsy performed? yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

V. Cass

Date

3/23, 1954

6 Place of Burial or Cremation

(City or Town) Winthrop

DATE OF BURIAL - Mar 25, 1954

7 NAME OF FUNERAL DIRECTOR F. J. McQuinchoy

ADDRESS Chelsea, Mass

Received and filed APR 5 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Helen E. Supple (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 6 Months 6 Days If under 24 hours Hours Minutes

13 Usual Occupation Lawyer (Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass (State or country)

17 NAME OF FATHER Patrick B Kiernan

18 BIRTHPLACE OF FATHER (City) Boston, Mass (State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE of Catherine Kiernan (MOTHER (City) Malden, Mass (State or country)

21 Informant (Address) H Kiernan

A TRUE COPY

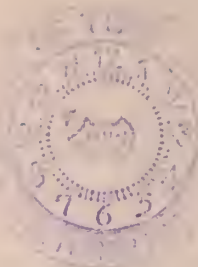
ATTEST: (Registrar of City or Town where death occurred)

Mar 26

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



APR-5 14

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 15 Summit Avenue

2 FULL NAME Hattie L. Petzke

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Summit Avenue
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 12 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 22 1954.
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 4, 19 to March 22, 1954

I last saw him alive on March 22, 1954, death is said to

have occurred on the date stated above, at 1 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ...INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES Due To (b) ...Due To
(c) ...OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ... Date 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 24 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed MAR 23 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 69

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of August J. Petzke
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Nova Scotia
(State or country)

17 NAME OF FATHER John Martell

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Julia Richards

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Julia Corbett
(Address) 15 Summit Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 3-23-54

50M-3-53-909098

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen; the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

70

PLACE OF DEATH

No. 73 Crystal Cove Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 PULL NAME Grace Jean (Pestell) Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 73 Crystal Cove Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 18 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 22, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 1948 to MARCH 22, 1954I last saw her alive on MARCH 22, 1954, death is said to
have occurred on the date stated above, at 6:54 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CORONARY OCCLUSION

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 HR.

ANTE DUE TO
CEDENT (b) GENERALIZED HYPERTENSION
CAUSES DIABETES MELLITISDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? EKG, FES, Myocardium

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) 60 Beach St. Date 3-22-54

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 24 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed MAR 23 1954 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of Arthur E Smith
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 0 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Alfred Pestell

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Oddy

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Doris E Smith
(Address) 73 Crystal Cove Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Water J. F. Jones
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3.23.54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
and the disease,
indications which
lead to death.Under conditions,
giving rise to the
cause (a) stating
the primary causeUnder conditions contrib-
uting to the death but not
the disease or
causing death.

50M-52-907046

PLACE OF DEATH

1

Suffolk
(County)
Wentworth
(City or Town)

No.

41 Washington Ave

2 FULL NAME

Eliza Ellen Poole (M^{rs} McIntosh)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

41 Washington Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMarch 23 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 19 54 to Mar 23 1954
I last saw him alive on 3/20 1954 death is said to

have occurred on the date stated above, at 805 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebral hemorrhage

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE
CEDENT
CAUSES

Due To

(b)

(c)

cerebral hemorrhage
Heart Disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

none.

Major findings:

Of operations.

Date of operation

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

Date

1954

Woodlawn

Place of Burial or Cremation

DATE OF BURIAL

Mar 26

1954

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

1844 Mass Ave Lexington Mass

Received and filed

MAR 27 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

71

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR)

no

St.

(If nonresident, give city or town and State)

6

6 years months days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

91

Years

7

Months

21

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14

Industry

or Business:

at home

15

Social Security No.

none

16

BIRTHPLACE (City)

(State or country)

Medford

Mass.

17

NAME OF

FATHER

Nahum M McIntosh

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Maine

19

MAIDEN NAME

OF MOTHER

Eliza Smith

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Maine

21

Informant

(Address)

Mrs Emma P. Peltier

20 Chargent St. Northampton Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthma,
ns the disease,
ations which
h.d conditions.
ng rise to the
e (a) stating
lying causeions contrib-
ng death but not
e disease or
causing death.

50M-3-53-909098

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 4 Linden Street

2 FULL NAME Joanna P. Kenney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Linden Street
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 24, 1954.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 7, 1947 to March 24, 1954I last saw her alive on March 23, 1954, death is said to
have occurred on the date stated above, at 7 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho pneumoniaINTERVAL
BETWEEN ONSET
AND DEATH

5 days

ANTECEDENT CAUSES Due To Chronic Myocarditis
(b) 1 yrDue To Hypertension 6 yrs
(c)

OTHER SIGNIFICANT CONDITIONS Senility

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis F. Salerno M. D.

(Address) 175 Pleasant St. Date 3/25/1954

6 St. Mary's Newburyport Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 27, 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Mass

Received and filed MAR 25 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 72

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of William P. Kenney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.....

16 BIRTHPLACE (City) Newfoundland
(State or country)

17 NAME OF FATHER William Ready

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Fahey

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Gertrude Kenney
(Address) 4 Linden St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 3-25-54

V.M.V.

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301

CERTIFICATE

F DEATH

enter
an one
or each
) and (c)does not mean
dying, such
re, asthenia,
the disease,
tions whichconditions,
g rise to the
(a) stating
ing causeions contrib-
death but not
e disease or
using death.

50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No.

(City or Town)

2 FULL NAME

Frederick H. Wegener
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

8 Surtside Ave.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 15 years.....months.....days. In place of residence 32 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 25, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at 2:15 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural causesANTECEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation Winthrop Cemetery, Winthrop
(City or Town)

DATE OF BURIAL

March 27, 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

March 27, 1954

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

73

{(If death occurred in a hospital or institution,
give its NAME instead of street and number){(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 8 Months 16 Days If under 24 hours
Hours Minutes13 Usual Occupation: Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Restaurant

15 Social Security No. 013-20-2135

16 BIRTHPLACE (City) Unable to obtain
(State or country) Germany

17 NAME OF FATHER Johann G. Wegener

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Germany

19 MAIDEN NAME OF MOTHER Katherine Oldenbake

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Germany21 Informant (Address) Marie Wegener (sister)
8 Surtside Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit)

3-26-54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap: 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 71

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Cecelia E. Lowther (Doherty)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 174 Bayswater Street
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. years months 1 days. In place of residence 77 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, ashtenia,
ns the disease,
ications which
th.id conditions.
ing rise to the
e (a) stating
lying causetions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 26 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar 26, 1954, to Mar 26, 1954

I last saw her alive on Mar 26, 1954, death is said to

have occurred on the date stated above, at 6:20 A. M.

DISEASE OR CONDITION SUBARACHNOID
DIRECTLY LEADING TO DEATH (a) Subarachnoid
HemorrhageINTERVAL BE-
TWEEN ONSET
AND DEATH

5 days

ANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? h.

What test confirmed diagnosis? Lumbar Puncture

5 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) D. P. Peters M. D.
(Address) 174 Bayswater St. Date 3/26 19546 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 29 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St East Boston

Received and filed 3/29/54 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of John F. Lowther
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 11 Months 26 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Roger Doherty

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Dever

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Miss Grace L. Lowther dau
(Address) 174 Bayswater St E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)Health Officer 3-28-54
(Official Designation) (Date of Issue of Permit)

50M-5-52-907045

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ications which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No. (Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 28 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 1954 to March 28 1954
I last saw her alive on 28 March 1954, death is said to

have occurred on the date stated above, at 9:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral HemorrhageANTE
CEDENT
CAUSES

Due To (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles Liberman M. D.

(Address) 27 Mt. Vernon Mass Date 3/28/1954

6 Cambridge, Cambridge (City or Town)

DATE OF BURIAL March 30 1954

7 NAME OF FUNERAL DIRECTOR Frederick Thurgate

ADDRESS East Boston

Received and filed 3/29/54 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 75

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WARY) None

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Leonard Cooper
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston Vermont

17 NAME OF FATHER Michael Curcell

18 BIRTHPLACE OF FATHER (City) Co. Limerick

(State or country) Ireland

19 MAIDEN NAME OF MOTHER Ann Curney

20 BIRTHPLACE OF MOTHER (City) Co. Mayo

(State or country) Ireland

21 Informant (Address) Emma Greenway 45 Loring Rd. Scituate

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/28/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
FILLING OUT THIS CERTIFICATEIn giving
OF DEATHnot enter
more than one
cause for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
the death but not
o the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at..... m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

DATE OF BURIAL..... 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

male

white

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here. stillborn

12

AGE..... Years..... Months..... Days

If under 24 hours

Hours..... Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued;

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

To be filed for burial permit
with Board of Health
or its Agent.

76

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

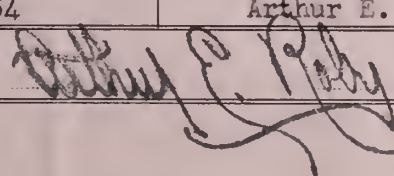
ORGANIZATION AND OUTFIT

SERVICE NUMBER

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRETOWN OR CITY
CLERK'S NO

77

1. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	2. DATE OF DEATH (Month) (Day) (Year)			
		Leonora	Lewis	Smith	March 29 1954			
3. PLACE OF DEATH a. COUNTY					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
Merrimack					a. STATE New Hampshire b. COUNTY Rockingham			
b. CITY OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (Give actual town of residence, NOT mailing address).				
Concord		4yrs. 20 days		Rye				
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS			
N.H. State Hospital					-			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Married		Nov. 27, 1873	80	Months	Days	Hours
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Housewife		-		Cambridge, Mass.		-		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
John L. Lewis					Frances L. Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT				
NO		-		Record of N.H. State Hospital				
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					INTERVAL BETWEEN ONSET AND DEATH			
(a) DUE TO					Arteriosclerotic heart disease			
(b) DUE TO					Generalized arteriosclerosis			
(c) DUE TO								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing it.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?			
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY)		21d. (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Mar. 28, 1954, to Mar. 29, 1954, that I last saw the deceased alive on Mar. 29, 1954 and that death occurred at 6:45 AM, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED		
S. George Brown				M. D.		N.H. State Hospital		3-29-54
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
Burial		3-31-54		Winthrop Cemetery		Winthrop, Mass.		
IF ENTOMBED		(Name of Cemetery)		LOCATION (City, Town, County) (State)		DATE		
24e. PLACE OF BURIAL								
25. FUNERAL DIRECTOR				ADDRESS		COUNTERSIGNED - AGENT (City Bd. of Health)		DATE
George B. Ward				Portsmouth, NH		Pierre A. Boucher, M. D.		4-2-54
DATE REC'D BY TOWN OR CITY CLERK		CLERK'S OWN SIGNATURE			CLERK OF			
April 2, 1954		Arthur E. Roby			Concord, N. H.			
A true copy, Attest:  Clerk of Concord, N. H. Dated Apr. 2, 1954								

v



APR-5

1964

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No.

2 FULL NAME

Winthrop Corn. Hosp.
WINIFRED W. (DINEEN) WHEATON
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

27 Tilton Ave

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 1..... days. In place of residence 40 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMarch 30 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 28 1954, to March 30, 1954.

I last saw her alive on March 30, 1954, death is said to

have occurred on the date stated above, at 12:15 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Myocardial
infarctionINTERVAL
BETWEEN
ONSET
AND DEATH

36 hr

ANTE Due To

CEDENT (b)

Coronary
occlusion

36 hr

Due To

Arteriosclerotic
heart diseaseOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

April 2 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Murray H. Kirby
Winthrop

Received and filed

APR 1 1954

19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles W.

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 63 Years..... Months..... Days

If under 24 hours

Hours..... Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

NY City NY

17 NAME OF

FATHER

Michael Dineen

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Miria Mc Trail

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Charles W. Wheaton
27 Tilton AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7.1.54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 213

79

No. Beth El Nursing Home - 24 Winthrop Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Ruskin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 53 Trident Avenue
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 9 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
February 19 19 54, to March 9 19 54I last saw him alive on March 9 19 54 death is said to
have occurred on the date stated above, at 7:36 a.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral ThrombosisINTERVAL BE-
TWEEN ONSET
AND DEATH

3 months

ANTE CEDENT (b) Due To General Arteriosclerosis
CAUSESDue To
(c)

OTHER SIGNIFICANT CONDITIONS Hemiparesis - right

Major findings:
Of operations.

Date of operation. no Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irving H Park

(Address) 1751 Beacon St

Brookline, Mass.

Date March 10 19 54

6 Place of Burial or Cremation Pride of Boston, Montvale, Massachusetts
(City or Town)

DATE OF BURIAL March 10 19 54

7 NAME OF FUNERAL DIRECTOR Benjamin F Solomon
ADDRESS 420 Harvard St., Brookline, Mass.

Received and filed April 12 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED widowed10a If married, widowed, or divorced Minnie Bosick
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Tailor (retired)
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Poland
(State or country)

17 NAME OF FATHER Charles Ruskin

18 BIRTHPLACE OF FATHER (City) Poland
(State or country)

19 MAIDEN NAME OF MOTHER Bertha (cannot be learned)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant: Rose Marden
(Address) 40 Browne St., Brookline, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 11 19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

X

PLACE OF DEATH
1

Suffolk

(County)

Cholsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Cholsea

(City or town making return)

Registered No. 145 80

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Towle Ray

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 70 Moore
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 4 months 26 days. In place of residence 5 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar. 16, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1953 to Mar. 16, 1954

I last saw him alive on Mar. 16, 1954 death is said to have occurred on the date stated above, at m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Spideroid carcinoma of

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) larynx with metastases apprx. 3 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations
Date of operation Was autopsy performed? no
What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify Volcaners Jansons M. D.
(Signed) Chelsea, Mass. Date Mar. 17, 1954
(Address)

6 William C. Everett, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Mar. 10, 1954 19

7 NAME OF FUNERAL DIRECTOR John C. Kelly
ADDRESS 263 Meridian St. E. Boston

Received and filed. Mar. 20, 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Divorced

10a If married, widowed, or divorced HUSBAND of Theresia Shea
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 6 Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: Millman
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 021-01-7826

16 BIRTHPLACE (City) (State or country) Somerville, Mass.

17 NAME OF FATHER Fred M.

18 BIRTHPLACE OF FATHER (City) (State or country) Maine

19 MAIDEN NAME OF MOTHER Josephine Neulin

20 BIRTHPLACE OF MOTHER (City) (State or country) New York

21 Informant Hospital Records
(Address) 91 Crest Ave. Chelsea, Mass.

A TRUE COPY Joseph A. Tyrrell
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Mar. 17, 1954 19

X

APR 20 1919

Enlisted Aug. 5, 1917

Discharged Aug. 29, 1919

Captain

Motor Supply Train

0124623

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

81

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. 46 Pearl Ave. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harris H. Anastos
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 46 Pearl Ave Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 34 years.....months.....days. In place of residence 34 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 1 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3/18 1953 to Apr 1 1954I last saw him alive on 3/30 1954, death is said to
have occurred on the date stated above, at 13017 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute CoronaryINTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTECEDENT CAUSES Due To (b) Arterio-sclerotic Heart Dis
with congestive failure

1 yr.

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Inguinal hernia

15 yrs

Major findings: none
Of operations: none

Date of operation: none Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify: none(Signed) Arthur C. Hasiotis M. D.
(Address) 1642 Commonwealth Ave. Boston Date 4/1 19546 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 3 1954

7 NAME OF FUNERAL DIRECTOR Arthur C. Hasiotis
ADDRESS 1642 Commonwealth Ave. Boston

Received and filed APR 2 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of STAVROULA VARELAS
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Driver
(Kind of work done during most of working life)

14 Industry or Business: Dealer

15 Social Security No. NONE

16 BIRTHPLACE (City) GREECE
(State or country)

17 NAME OF FATHER Christos ANASTOS

18 BIRTHPLACE OF FATHER (City) GREECE
(State or country)

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER (City) GREECE
(State or country)21 Theodore C. Anastos
Informant (Address) 46 Pearl Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) (Date of Issue of Permit) 4-2-54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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OR
CERTIFICATEiving
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death but not
e disease or
using death.

100M-(D)-10-46-24656

PLACE OF DEATH

1

Suffolk
(County)
Wenthrop
(City or Town)

No.

44 Melshire St
GRACE D. CADY

2 FULL NAME.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

44 Melshire St

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 25 years months days. In place of residence 25 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 7 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 9, 1952 to April 7, 1954

I last saw her alive on April 7, 1954, death is said to

have occurred on the date stated above, at 9:20 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 1/2 hr.

ANTE Due To
CEDENT (b)

Hypertensive Hemiplegia

Due To (c)

Interventricular Hematoma

OTHER SIGNIFICANT
CONDITIONS

None

Major findings:

Of operations.

None

Date of operation.

What test confirmed diagnosis?

None

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. K.

(Address) Holy Cross

Place of Burial or Cremation

Malden

DATE OF BURIAL

April 10 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Wenthrop

Received and filed.

APR 9 1954

19



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

82

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

68

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Tel. operator

(Kind of work done during most of working life)

14 Industry

or Business

NE Tel. & Tel.

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

East Boston

17 NAME OF

FATHER

William J. Cady

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary Gibbons

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant

(Address)

44 Melshire St Wenthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter B. Baker & S.

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

4.9.54

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 83

No. 55

(City or Town)

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Julia Belle (Clark) Southard
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 55

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 23 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 19 50 to April 7 19 54

I last saw her alive on April 6, 19 54, death is said to

have occurred on the date stated above, at 4:54 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Hypothalamic pneumonia

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE CEDENT CAUSES

Due To

(b)

(c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 8 1954

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 97 Years 10 Months 20 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None 16 BIRTHPLACE (City) South Thomaston (State or country) Maine

17 NAME OF FATHER Joshua Clark

18 BIRTHPLACE OF FATHER (City) South Thomaston (State or country) Maine

19 MAIDEN NAME OF MOTHER Margaret M. Hurd

20 BIRTHPLACE OF MOTHER (City) South Thomaston (State or country) Maine

21 Informant Elizabeth Taylor (Address) 55 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 81

PLACE OF DEATH

1

No. Suffolk (County) Weymouth (City or Town) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 11 Ware Way Apt. St. Weymouth Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 5 days. In place of residence 20 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan 52 to April 11, 1954
I last saw him alive on April 11, 1954, death is said tohave occurred on the date stated above, at 6:05 A.M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Coronary artery heart disease 3 days

ANTECEDENT CAUSES

(b) Coronary artery heart disease 3 yrs.(c) Atherosclerosis 8 yrs.

OTHER SIGNIFICANT CONDITIONS

Diabetes mellitus 8 yrs.
Cholelithiasis 3 yrs.Major findings:
Of operations.Date of operation..... Was autopsy performed? NoWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D. 4/11/1954
(Address) 38 Shore Drive Weymouth6 Liberman Workmen Circle W. Rte 1
Place of Burial or Cremation (City or Town)DATE OF BURIAL April 11, 19547 NAME OF FUNERAL DIRECTOR Avron GolovADDRESS 668 Beacon St. BrooklineReceived and filed APR 12 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) Widow
MARRIED
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of Esther Goff
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Tailor
(Kind of work done during most of working life)14 Industry or Business: Self-employed

15 Social Security No.

16 BIRTHPLACE (City) Russia
(State or country)17 NAME OF FATHER Joseph Bayarsky18 BIRTHPLACE OF FATHER (City) Russia
(State or country)19 MAIDEN NAME OF MOTHER Cannot be learned20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Max Boyer
(Address) 11 Ware Way Weymouth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other Walter L. Baker(Official Designation) Health Officer (Date of Issue of Permit) 4-11-54

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301

CTIONS
OR
CERTIFICATEiving
F DEATHt enter
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using death.

50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 193 River Rd.

2 FULL NAME

Alice F. (Leaker) Sawyer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

193 River Rd.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 36 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 11, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from November 1952 to April 11, 1954.

I last saw her alive on April 11, 1954, death is said to

have occurred on the date stated above, at 9:35 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 hours

ANTE Due To Arteriosclerotic
CEDENT (b) Heart Disease
CAUSES

1 year

Due To Generalized Arterio-
(c) sclerosis

years

OTHER
SIGNIFICANT
CONDITIONS noneMajor findings:
Of operations. none

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) Winthrop 52, Mass. Date 13 April 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 17, 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed APR 14 1954 19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 85

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number){(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
Female White MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of David P. Sawyer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 32 77 10 6
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business Own home

15 Social Security No. none

16 BIRTHPLACE (City) Newton
(State or country) Mass

17 NAME OF FATHER James A. Leaker

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Jane

20 BIRTHPLACE OF MOTHER (City)
(State or country) England21 Informant James G. Parsons
(Address) 50 Cassell St. WakefieldI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/14/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3298

No. Mass Memorial Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FLORA M. KELLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 235 Washington Ave. Wintthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 12 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4/6 19 to 4/12 1954

I last saw her alive on 4/12 1954 death is said to

have occurred on the date stated above, at 4:10 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Asphyxia

INTERVAL BETWEEN ONSET AND DEATH 30mins

ANTECEDENT CAUSES Due To Pulmonary congestion lyr

Due To Heart failure lyr

OTHER SIGNIFICANT CONDITIONS

Bleeding from bronchio-scope biopsy site 3hrs

Major findings: Tumor in rt. main stem bronchus

Of operations: biopsy

Date of operation 4/12 Was autopsy performed? no

What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify: T. McMillan, Jr. M. D.

(Signed) 750 Harrison Ave Date 4/12 19

(Address) 6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 15 19 54

7 NAME OF FUNERAL DIRECTOR A Marsh

ADDRESS Wintthrop, Mass

Received and filed APR 26 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED WIDOWED OR DIVORCED Widow (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Willie J. Kelley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 1 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass (State or country)

17 NAME OF FATHER Alfred T. Nelson

18 BIRTHPLACE OF FATHER (City) Sweden (State or country)

19 MAIDEN NAME OF MOTHER -unable to obtain

20 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

21 Informant D. Williamson (Address)

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

Apr 16 54 DATE FILED 19

INSTRUCTIONS
FOR
CERTIFICATEGIVING
OF DEATH

enter
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50M.(A)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 44 Pleasant Street

2 FULL NAME Maggie Georgina (Coles) Loukes
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 44 Pleasant Street
(Usual place of abode)

Length of stay: In place of death 28 years.....months.....days. In place of residence 28 years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 87

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 13 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 10 51 to May 13 1954

I last saw her alive on April 12 1954 death is said to have occurred on the date stated above, at 5:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Papillary cysto-

adenocarcinoma rt. ovary 2 yrs

ANTE
CEDENT
CAUSESDue To
(b)Bursal
CarcinomatousINTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

Due To
(c)

Terminal

Uremia

6 hrs

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Adenocarcinoma rt. ovary

Date of operation: May 14 1954 Was autopsy performed? No

What test confirmed diagnosis? chemical + pathological

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Evergreen Winthrop Vermont

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 16 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Pignatelli

ADDRESS Winthrop Maine

Received and filed APR 14 1954

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Merton H. Loukes

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 9 Months 23 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) South Bolton (State or country) P. E. Island

17 NAME OF FATHER James Coles

18 BIRTHPLACE OF FATHER (City) P.E. Island (State or country)

19 MAIDEN NAME OF MOTHER Agnes Taylor

20 BIRTHPLACE OF MOTHER (City) P.E. Island (State or country)

21 Informant: Marguerite Loukes (Address) 44 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Health or other)
Health Officer (Official Designation) 4-14-54 (Date of Issue of Permit)

KAB V

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
ath.bid conditions,
ving rise to the
se (a) stating
erlying causeitions contrib-
se death but not
the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

88

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

1 No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Lattie Whittemore (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 98 Bellevue Ave., Winthrop, St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 25 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 13 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Jan 7, 1952 to April 13, 1954
I last saw him alive on April 13, 1954, death is said to
have occurred on the date stated above, at 3 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myelogenous
Leukemia

ANTECEDENT CAUSES
Due To (b) Chronic myocarditis

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? noIf so, specify Louis F. Salerno M. D.(Signed) Louis F. Salerno M. D.(Address) 17 E. Pleasant St. Date April 13, 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 15, 19547 NAME OF FUNERAL DIRECTOR Edward S. MorrisADDRESS Winthrop, Mass.Received and filed APR 14 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)
(or) WIFE of Charles H. Whittemore
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 83 AGE 83 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Vineland
(State or country) New Jersey

17 NAME OF FATHER James P. Turnbull

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Peck

20 BIRTHPLACE OF MOTHER (City) Pennsann
(State or country) New York

21 Informant Charles H. Whittemore
(Address) 98 Bellevue Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4-14-54 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 8386 89

No. Hotel Kenmore (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MORTON M. SCOTT (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Townsend St. Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 15 1954

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of injury (How did injury occur?)

Nature of injury

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. Luongo, M. D.

(Address) Boston Date April 19 1954

7 Winthrop Winthrop

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR Apr 19 H. Reynolds

ADDRESS Winthrop, Mass

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Josephine E. Matthey (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 67 Years 8 Months 1 Days If under 24 hours Hours Minutes

14 Usual Occupation: Manufacturer (Kind of work done during most of working life)

15 Industry Chemicals or Business:

16 Social Security No. 014-12-0224

17 BIRTHPLACE (City) Uxbridge, Mass (State or country)

18 NAME OF FATHER Walter P Scott

19 BIRTHPLACE OF FATHER (City) Uxbridge, Mass (State or country)

20 MAIDEN NAME OF MOTHER Sarah E Mowry

21 BIRTHPLACE OF MOTHER (City) Uxbridge, Mass (State or country)

22 Informant J Scott (Address)

A TRUE COPY. Charles H. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Apr 21 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

91

R-301A

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hosp

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George A Wickson Sr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR) no

(a) Residence. No. 49 Johnson Ave Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. 1 months. days. In place of residence 30 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
h.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 2 1954 to April 18 1954

I last saw him alive on April 12, 1954, death is said to

have occurred on the date stated above, at 9:10 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary

Sclerosis

ANTECEDENT (b) Generalized
CAUSES arteriosclerosisDue To
(c)OTHER SIGNIFICANT CONDITIONS Hypertension
Residual Cerebral Hemiparesis 9 mos

Major findings: None recently

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John T. Wickson M. D.

(Address) Rome Mass Date 18 April 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St E. Boston

Received and filed. 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Elizabeth Covelle Foulkes
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 3 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Schoolteacher (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Cambridge Public Schools

15 Social Security No. none

16 BIRTHPLACE (City) Charlestown
(State or country) Mass

17 NAME OF FATHER John T. Wickson

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Emma Hiltz

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Mrs. Elizabeth C. Wickson
(Address) 49 Johnson Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:John T. Wickson
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4.20.54

50M-5-52-907046

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Wachusett
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

92

No.

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Flynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) *no*

(a) Residence. No.

12 Nevada St

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months *7* days. In place of residence *25* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 23 1954*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
January 3 1954 to *April 23 1954*

I last saw her alive on *April 23 1954*, death is said to

have occurred on the date stated above, at *7:55 P. m.*

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) *Metastatic Adenocarcinoma**Spine, ribs, liver, abdominal soft tissue*

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 mo

ANTECEDENT CAUSES

Due To (b) *Adenocarcinoma right breast*

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: *Right radical mastectomy for adenocarcinoma*
Of operations

Date of operation *Jan. 1952* Was autopsy performed? *No*

What test confirmed diagnosis? *Histological report*

5 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Dorothy Cheney Appleton* M. D.
(Address) *177 W. 2nd St. Waltham, Mass.* Date *April 23 1954*

6

St. Joseph Place of Burial or Cremation (City or Town) *Boston*

DATE OF BURIAL *Sept 26 1954*

7 NAME OF

FUNERAL DIRECTOR *Maxine W. Ruby*

ADDRESS *Wachusett*

Received and filed *APR 26 1954* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Widowed*

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of *Patrick J. Flynn*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *65* Years Months Days If under 24 hours
..... Hours Minutes

13 Usual Occupation: *Sales Lady*
(Kind of work done during most of working life)

14 Industry or Business: *Shoe store Retail*

15 Social Security No. *022-09-7952*

16 BIRTHPLACE (City) *Sweden*
(State or country)

17 NAME OF FATHER *Carl (Unknown)*

18 BIRTHPLACE OF FATHER (City) *Sweden*
(State or country)

19 MAIDEN NAME OF MOTHER *Hilda (Unknown)*

20 BIRTHPLACE OF MOTHER (City) *Sweden*
(State or country)

21 Informant (Address) *Miss Hilda Flynn
12 Nevada St Wachusett*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent or Board of Health or other)

H.O. (Official Designation) *April 26 1954* (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 136 Cottage Park Road, Winthrop St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Herbert Warren Swift
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 136 Cottage Park Road, Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as failure, asthenia,
which
the disease,
which
th.and conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 24 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
24 April 19 54 to 24 April 19 54

I last saw him alive on 24 April 19 54, death is said to

have occurred on the date stated above, at 5 P.M. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Carcinomatosis

1 yr

ANTE Due To Carcinoma of the
CEDENT (b) stomach

5 yrs

Due To
(c)OTHER SIGNIFICANT Generalized arteriosclerosis
CONDITIONSMajor findings: removal of benign tumor of testis
Of operations.....

Date of operation. 1953 Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) *Richard C. Kirby* M.D.
(Address) Winthrop, Mass. Date 26 April 19546 Old Calvary Cemetery, Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 27th 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed APR 26 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 10 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Insurance Adjuster
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 016-26-7084

16 BIRTHPLACE (City) Roxbury
(State or country) Mass.

17 NAME OF FATHER Patrick J. Swift

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Catharine Lyons

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Joseph P. Swift-Brother
(Address) 136 Cottage Park Rd., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Walter L. Baker*
(Signature of Agent of Board of Health or other)*Walter L. Baker* 4 26 54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
ie (a) stating
lying causeions contrib-
e death but not
the disease or
causing death.

50M-3-53-90908

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 99 Summit Ave.



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 91

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME

Harold J. Shea

(If deceased is a married, widowed or divorced woman, give also maiden name.)

99 Summit Ave.

(a) Residence. No.

(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, "World 1
if so specify WAR)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 23 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 26, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....

I last saw h..... alive on..... 19....., death is said to

have occurred on the date stated above, at..... 1 A.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH

Natural Causes

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE TO
CEDENT (b) PresumablyDue To
(c) CoronaryOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation Calvary Boston Mass

DATE OF BURIAL

April 28

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Winthrop

Received and filed

APR 27 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Mabel McCarthy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

63

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Pipe Fitter

(Kind of work done during most of working life)

14 Industry

or Business:

U S Naval Shipyard

15 Social Security No.

Boston

16 BIRTHPLACE (City)

(State or country)

Mass

17 NAME OF

FATHER

Jeremiah Shea

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary Shea

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

Mass

21 Informant

(Address)

Mabel Shea

99 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4.27.54

1.13.54 ✓

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46; G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Oct 5, 1917
Dec 6, 1918
Sgt.
6th Construction Co
1-336-502

R-301A

INSTRUCTIONS
OR
CERTIFICATEIVING
F DEATHt enter
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or each
) and (c)es not mean
dying, such
ure, ashenia,
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ions whichconditions,
g rise to the
(a) stating
ving causeons contrib-
death but not
e disease or
using death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Valmont Bourque
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 257 Bowdoin St.
(Usual place of abode) 5 mins.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19, death is said to
have occurred on the date stated above, at 10:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural CausesINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTECEDENT CAUSES Due To Presumably

Due To Coronary
(c) Occlusion 1 hourOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Maurice W. Kirby M. D.

(Address) Winthrop Board of Health Date 29 April 1954

6 St. Francis Catholic Waterville Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1 1954

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed April 29, 1954 19

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 95

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Antoinette Michaud
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Watchmaker
(Kind of work done during most of working life)

14 Industry or Business: Jeweler

15 Social Security No. unknown

16 BIRTHPLACE (City) Waterville
(State or country) Maine

17 NAME OF FATHER Joseph Bourque

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Marie

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant (Address) Antoinette Bourque
257 Bowdoin St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/29/54

V

100M-(D)-10-46-24858

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

96

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME Emma Bertha Vickerson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No.

(a) Residence. No. 10 North Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days In place of residence years months 43 days

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ature, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1950 to April 28 1954

I last saw her alive on April 28 1954 death is said to

have occurred on the date stated above, at 11:10 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

72 Hrs

ANTE Due To Cerebral arteriosclerosis Yrs
CEDENT (b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Hypertensive heart disease Yrs

Major findings: none
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) Winthrop, Mass. Date April 29 1954

6 Evergreen Cemetery Portland, Maine
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1, 1954

7 NAME OF FUNERAL DIRECTOR

ADDRESS 174 Winthrop St, Winthrop, Mass.

Received and filed MAY 5 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of James Spurgeon Vickerson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 4 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Portland Maine
(State or country)

17 NAME OF FATHER Theodore Blanchard Davis

18 BIRTHPLACE OF FATHER (City) Portland Maine
(State or country)

19 MAIDEN NAME OF MOTHER Emma Jane Russell

20 BIRTHPLACE OF MOTHER (City) Portland Maine
(State or country)21 Informant Miss Thelma E. Vickerson
(Address) 10 North Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other
Health Officer)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3700

97

No. New England Deaconess Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J Herbert
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 86 Inglestide Ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death years months 9 days In place of residence 15 years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month) Apr 24 (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1/15/54, 19 to 1/24/54, 19

I last saw him alive on 1/21/54, 19, death is said to

have occurred on the date stated above, at 1:04 P

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myeloblastic leukemia 1 1/2 yrs

INTERVAL BETWEEN ONSET AND DEATH

ANTE Due To Bronchopneumonia

CEDENT (b)

CAUSES

with intestinal bleeding 4 days

Due To

Congestive heart failure

OTHER

SIGNIFICANT CONDITIONS

Diabetes

Ankylosing rheumatoid

arthritis of spine 10 1/2 yrs

Major findings:

Of operations:

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? Lab study Phys exam

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A P Joslin

M. D.

(Address)

81 Bay State Rd Date 1/24/54

6 Holy Cross - Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

4/28/54

19

7 NAME OF

FUNERAL DIRECTOR

J O'Maley

Winthrop

Received and filed

MAY 17 1954

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Div

10a If married, widowed, or divorced

HUSBAND of

Marguerite E. Hickey

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 54 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

retired

(Kind of work done during most of working life)

14 Industry

or Business:

fish dealer

15 Social Security No.

cnbl

16 BIRTHPLACE (City)

Boston

(State or country)

17 NAME OF FATHER

John J Herbert

18 BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

19 MAIDEN NAME

OF MOTHER

Catherine E Hickey

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

21

Informant

(Address)

M C Devlin

A TRUE COPY

ATTEST:

Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED

APR 23 1954

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 3776

98

No. Beth Israel Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ABRAHAM M ALOFF

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW II

(a) Residence. No. 85 Shore Drive,
(Usual place of abode)xx Winthrop, Mass.
(If nonresident, give City or town and State)

Length of stay: In place of death.....years.....months.....2 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 28 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 4/26 1954 to 4/28 1954

I last saw him alive on 4/28 1954 death is said to

have occurred on the date stated above, at 8:28a.m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Chronic myelogenous leukemia

INTERVAL BETWEEN ONSET AND DEATH

-3 yrs.

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? peripheral blood smear

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. Stein

(Address) BIR

Date 4/28 1954

6 Mt. Lebanon-Sharon Trillo - Rox

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 29 1954

7 NAME OF FUNERAL DIRECTOR B Birnbach

ADDRESS Dorchester

Received and filed MAY 17 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Sophie Stoller
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Civil Engineer-Attorney
(Kind of work done during most of working life)

14 Industry or Business - - -

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass
(State or country)

17 NAME OF FATHER Samuel Aloff

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Ida Plagoff

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) S Aloff

A TRUE COPY Charles A. Mackie

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 3 1954

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

DATE OF ENTERING MILITARY SERVICE - ,6/23/42

" " DISCHARGE

3/26/46

RANK, RATING

Captain

ORGANIZATION & OUTFIT

U S Army Co B 1136 Eng. Construction Camp

SERVICE NUMBER

31135934 & 01557404

FILE 1

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

50M-52-907046

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby Boy Kashian

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

115 Princeton

East Boston St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

May

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

19.....

to.....

19.....

I last saw h.....alive on....., 19....., death is said to

have occurred on the date stated above, at.....m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

Stillborn

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

M. D. Date.....

6

Place of Burial or Cremation

St. Michael

Boston

(City or Town)

DATE OF BURIAL.....

May 5

1954

7 NAME OF
FUNERAL DIRECTOR

Vincent Rapino

ADDRESS

9 Chelsea St. East Boston, Mass.

Received and filed.....

May 5 1954

19.....

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

99

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

Wh.

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

Single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here

Stillborn

12

AGE.....

Years.....

Months.....

Days.....

If under 24 hours

Hours.....

Minutes.....

13 Usual

Occupation:.....

(Kind of work done during most of working life)

14 Industry

or Business:.....

15 Social Security No.

16 BIRTHPLACE (City).....

(State or country)

Winthrop
Mass.

17 NAME OF

FATHER

John Kashian

18 BIRTHPLACE OF

FATHER (City).....

Chelsea

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Christine Polizzi

20 BIRTHPLACE OF

MOTHER (City).....

East Boston

(State or country)

Mass.

21

Informant

(Address)

John Kashian

115 Princeton St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-302

PLACE OF DEATH

**SUFFOLK
BOSTON**

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **3873 100**

No. **Beth Israel Hospital**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **EDWARD ARONSON**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **15 Tewksbury**
(Usual place of abode)

St. **Winthrop, Mass**
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 2 1954**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **4/7** 19... to **5/2** 19...
I last saw him alive on **5/2** 19... death is said to

have occurred on the date stated above, at **2:10p.** m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Metastatic carcinoma
of the prostate**

INTERVAL BETWEEN ONSET AND DEATH

-3yrs

ANTE CEDENT CAUSES
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis? **x-rays**

5 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **M. Menias**
(Signed) **B. H.** Date **5/2** 19...
(Address) **Sharon Mem Park**

6 **Sharon**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **May 4** 19...

7 NAME OF FUNERAL DIRECTOR **A Golov**
ADDRESS **Brookline, Mass**

Received and filed..... 19...

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE MARRIED WIDOWED OR DIVORCED **Married** (write the word)

10a If married, widowed, or divorced HUSBAND of **Sadie Jallas**
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **57** Years.....Months.....Days If under 24 hours.....Hours.....Minutes

13 Usual Occupation: **Salesman**
(Kind of work done during most of working life)

14 Industry or Business: **H. L. Gerding Co.-St. Louis**

15 Social Security No. **023-67-1704**

16 BIRTHPLACE (City) **Boston, Mass**
(State or country)

17 NAME OF FATHER **Nathan Aronson**

18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

19 MAIDEN NAME OF MOTHER **Fannie Silverstein**

20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

21 Informant **Mrs S Aronson**
(Address)

A TRUE COPY

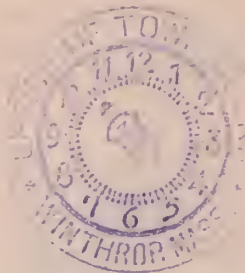
ATTEST: **L. J. Mackie**
(Registrar of City or Town where death occurred)

DATE FILED **May 5** 19... **54**

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

RECEIVED



MAY 21 AM

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 36 TAYLOR

2 FULL NAME. John A. McEachern
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 36 TAYLOR
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) NO

St. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death 6 years — months — days. In place of residence 66 years — months — days.

Registered No.

101

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 2 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 — to 19 —

I last saw him alive on 19 —, death is said to

have occurred on the date stated above, at 9:30 A. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Natural Causes —

INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT (b) Presumably
CAUSES Coronary

Due To Occlusion (c) —

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis

Major findings:
Of operations. —

Date of operation. — Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) Arthur G. Murray M. D.

(Address) Wintthrop Board of Health Date May 3 1954

Place of Burial or Cremation HOLY CROSS CEMETERY (City or Town) WINTHROP

DATE OF BURIAL MAY 4 1954

7 NAME OF FUNERAL DIRECTOR Maurice F. Kirby

ADDRESS 210 North St. Wintthrop

Received and filed. MAY 5 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX YALE 9 COLOR OR RACE WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed, or divorced
HUSBAND of ROSE M. ROCK
(Give maiden name of wife in full)(or) WIFE of —
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years — Months — Days If under 24 hours
Hours — Minutes13 Usual Occupation: LAUNDRY SORTER
(Kind of work done during most of working life)

14 Industry or Business: LAUNDRY —

15 Social Security No. UNKNOWN

16 BIRTHPLACE (City) YORK SCOTIA
(State or country)

17 NAME OF FATHER JOHN McEACHERN

18 BIRTHPLACE OF FATHER (City) YORK SCOTIA
(State or country)

19 MAIDEN NAME OF MOTHER MARY McELLAN

20 BIRTHPLACE OF MOTHER (City) YORK SCOTIA
(State or country)21 Informant ROSE M. McEACHERN WIFE
(Address) 36 Taylor St. WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walker, S. Baker
(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/3/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

171 Woodside Ave.

No.

Nathan Elliot Willis

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

171 Woodside Ave.

(a) Residence. No.

(Usual place of abode)

29

Length of stay: In place of death. years months days. In place of residence 34 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

102

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number){ (Was deceased a
U. S. War Veteran,
if so specify WAR)CTIONS
OR
CERTIFICATEiving
F DEATHnter
han one
or each
) and (c)oes not mean
dying, such
are, asthenia,
s the disease,
tions whichd conditions,
g rise to the
(a) stating
ying causeions contrib-
death but not
e disease or
asing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 2 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 3 1953 to May 2 1954

I last saw him alive on May 1 1954, death is said to

have occurred on the date stated above, at 1:10 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocardial
InfarctionINTERVAL BE-
TWEEN ONSET
AND DEATH

6 mos

ANTE CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Salerno M. D.
(Address) 115 Pleasant St Date May 3 19546 Place of Burial or Cremation Woodlawn Everett
(City or Town)

DATE OF BURIAL May 5 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop 1954

Received and filed. 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Kate Munch
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 3 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: School Teacher (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business: Public School

15 Social Security No. NONE

16 BIRTHPLACE (City) Bridgewater
(State or country) Mass

17 NAME OF FATHER Arthur H Willis

18 BIRTHPLACE OF FATHER (City) Weymouth
(State or country) Mass

19 MAIDEN NAME OF MOTHER Emma B Keith

20 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Mass21 Informant Kate M Willis
(Address) 171 Woodside Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/4/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Convalescent Home

No. 142 Pleasant

STANDARD

CERTIFICATE OF DEATH

Registered No.

103

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Petrina Petralia (Muscara)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 88 Putnam
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 3 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 3 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR 17 1954, to MAY 3 1954I last saw her alive on MAY 3 1954, death is said to
have occurred on the date stated above, at 3:30 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ARTERIO SCLEROSISINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b) HYPERTENSIONDue To
(c) HYPERTENSIONOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. (Address) Date 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 6, 1954

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS 210 Winthrop St.

Received and filed MAY 5 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Luigi Petralia

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER ? Muscaria

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Paul Petralia
(Address) 88 PutnamI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. McKee
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/6/54

(Date of Issue of Permit)

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, ashenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
plying causeions contrib-
e death but not
the disease or
causing death.

BOM-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Rest Home 41 Wash Ave Win



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 104

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME: Domenic Famolare
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 1064 Bennington St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 3 months days. In place of residence 15 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving.
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
th.id conditions.
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Aug 6 1949 to May 4 1954
I last saw him alive on April 27 1954, death is said to

have occurred on the date stated above, at 4:10 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bacteremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

7 days

ANTE CEDENT
CAUSES

Due To

(b) Hypertension

(c) Hypertension & Heart Disease

Due To

(c) Interpersonal

OTHER
SIGNIFICANT
CONDITIONS

Sarcoidosis

Major findings:
Of operations.

Date of operation Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ernest P. Caggiano M. D.

(Address) 147 Winthrop St. Winthrop, Mass. 02158

6 Place of Burial or Cremation Holy Cross (City or Town)

DATE OF BURIAL May 7 1954

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St. Winthrop, Mass.

Received and filed MAY 5 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOW
or DIVORCED

10a If married, widowed or divorced
HUSBAND of Carolyn Emanuel
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation retired barber
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Messina, Italy
(State or country)

17 NAME OF FATHER unknown

18 BIRTHPLACE OF FATHER Messina
(State or country) Italy

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER Messina
(State or country) Italy

21 Informant Manuel Famolare
(Address) 1064 Bennington St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Gapee
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/5/54 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

R-301A

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 105

No. 229 Washington Ave St. (If death occurred in a hospital or institution,
(If deceased is a married, widowed or divorced woman, give also maiden name.) St. { give its NAME instead of street and number)2 FULL NAME William P. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran
if so specify (date) + 2nd W.W.(a) Residence. No. 229 Washington Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death, 15 years.....months.....days. In place of residence, 15 years.....months.....days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
plying causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 4, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at 12 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural CausesINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Presumably
Coronary
Occlusion
Due To (c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify Arthur C. Murray
(Signed) Winthrop Board of Health M. D.
(Address) Winthrop Date 4 May 19546 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 7 1954

7 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS 726 Centre St. E. Boston

Received and filed MAY 10 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M - 9 COLOR OR RACE W - 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: House Painter

15 Social Security No. 031-01-5138

16 BIRTHPLACE (City) East Boston Mass
(State or country)

17 NAME OF FATHER John J. Kelly

18 BIRTHPLACE OF FATHER (City) Liverpool
(State or country) England

19 MAIDEN NAME OF MOTHER Elizabeth A. Pattigan

20 BIRTHPLACE OF MOTHER (City) Liverpool
(State or country) England21 Informant (Address) Gertrude Mc Nulty
229 Washington Ave WinI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)

(Date of Issue of Permit) 5-5-54

50M-3-53-909098

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. (These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

8-28-42
5-27-43
Private
U. S. A.
31164622

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. **106**No. *61 Sargent* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Andrew - Merlinio*
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) *WIN I*(a) Residence. No. *61 Sargent* St. (If nonresident, give city or town and State)
(Usual place of abode)Length of stay: In place of death *1* years *6* months *6* days. In place of residence *1* years *6* months *6* days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
ith.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 5 1954*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 1954 to *May 5 1954*I last saw him alive on *May 3 1954*, death is said to
have occurred on the date stated above, at *2:55 PM*.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Generalized Carcinoma*
initially in Transverse Colon *Month*ANTE CEDENT CAUSES
Due To (b) _____
(c) _____

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS _____

Major findings: *Carcinoma*
Of operations: _____Date of operation: *2 Nov 1953* Was autopsy performed? *no*What test confirmed diagnosis? *Laboratory - at Pratt Ave*5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____(Signed) *Dr. Emma Marie Stopp* M. D.
(Address) *21 Broad Street* Date *May 5 1954*6 *Italy Brown* *Malden*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *May 8 1954*7 NAME OF FUNERAL DIRECTOR *Ernest Plagiaras*ADDRESS *147 Wentworth St. Wentworth*Received and filed *5/7 1954*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED10a If married, widowed or divorced
HUSBAND of *Christina Festa*
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *63* Years *1* Months _____ Days _____
If under 24 hours _____ Hours _____ Minutes13 Usual Occupation: *Barber*
(Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. _____

16 BIRTHPLACE (City) *Messina*
(State or country) *Italy*17 NAME OF FATHER *Frank Merlinio*18 BIRTHPLACE OF FATHER (City) *Messina*
(State or country) *Italy*19 MAIDEN NAME OF MOTHER *Unknown*20 BIRTHPLACE OF MOTHER (City) *Messina*
(State or country) *Italy*21 Informant (Address) *Frank & Merlinio*
*91 Kensington Ave. East Newton*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Valter J. Galea*
(Signature of Agent of Board of Health or other)(Official Designation) *Health Officer* (Date of Issue of Permit) *5/6/54*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

May 27 1918

Sept 12 1919

Private 1st Class

Prisoner of War Escort Co 232

2723284

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial-permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 107

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 5 Groves Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Levy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 5 Groves Avenue St. (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
lying causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
you 1954 to May 8, 1954

I last saw him alive on May 8 1954 death is said to

have occurred on the date stated above, at 4:43 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebro vascular
accident.ANTECEDENT CAUSES Due To arteriosclerosis
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Congestive heart failure
myocardial infarctionMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) M. D.

(Address) Date May 8 1954

6 Place of Burial or Cremation Independent Burial of Boston - Woodbury
(City or Town)

DATE OF BURIAL May 9 1954

7 NAME OF FUNERAL DIRECTOR Herman J. Tol

ADDRESS 1615 Beacon St. Brookline

Received and filed MAY 10 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Annie Jaffee
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Retired Tailor
(Kind of work done during most of working life)

14 Industry or Business Clothing mfg

15 Social Security No. none

16 BIRTHPLACE (City) Poland
(State or country)

17 NAME OF FATHER Hyman Louis Levy

18 BIRTHPLACE OF FATHER (City) Poland
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Dinah Cohen

20 BIRTHPLACE OF MOTHER (City) Poland
(State or country)21 Informant Samuel Levy
(Address) 5 Groves Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Healers
(Signature of Agent of Board of Health of other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/9/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, ashenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
(a) stating
ying causeions contrib-
death but not
e disease or
using death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Rest Home

2 FULL NAME Rose Annese (Sacco)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 19 Boardman
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years 1 months 30 days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 9, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 4, 1953 to May 9, 1954
I last saw him alive on May 9, 1954, death is said to
have occurred on the date stated above, at 8:40 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary EdemaINTERVAL BE-
TWEEN ONSET
AND DEATH

480

ANTE CEDENT
CAUSESDue To (b) Carcinomatosis
Pathological Fractures

4 Mos.

Due To (c)

Cause of Death (c)
operation July 8, 1954OTHER
SIGNIFICANT
CONDITIONSFract. of hip - Gunshot
spine - pathological

Major findings:

Of operations: Sarcoid Ca - at heart

Date of operation: 7-8-53 Was autopsy performed? NO

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Joseph H. Bennett M. D.
(Address) 520 COMM #12 Boston Date 5-10-19546 Place of Burial or Cremation St. Michaels Boston
(City or Town)

DATE OF BURIAL May 12 1954

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 19 Chelsea St. East Boston

Received and filed MAY 12 1954 19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 108

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of Catilo Annese
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House Wife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Prisco Gurino

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Mary Borisano

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Mary Cicco
(Address) 19 Boardman St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/11/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

 Worcester
(County)

 Westborough
(City or Town)


The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

 COPY OF
 CERTIFICATE OF DEATH

 Westborough
(City or town making return)

Registered No. 91 109

No. Westborough State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME Steven Wright Hayes
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (a) Residence. No. 131 Cottage Park Road St. Winthrop, Mass.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months 2 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH May 9, 1954 (Month) (Day) (Year)		8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED	
4 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1952, to May 9, 1954. I last saw him alive on May 9, 1954, death is said to have occurred on the date stated above, at 9:00 A. m.		10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Far Advanced Pulmonary Tuberculosis		11 IF STILLBORN, enter that fact here.	
ANTE DUE TO CEDENT (b) CAUSES Due To (c)		12 AGE 32 Years 2 Months 16 Days If under 24 hours Hours Minutes	
OTHER SIGNIFICANT CONDITIONS Mental Deficiency, Moderate		13 Usual Occupation: Student (Kind of work done during most of working life)	
Major findings: Of operations. Date of operation. Was autopsy performed? What test confirmed diagnosis?		14 Industry or Business:	
5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Maria del P. Torres M. D. (Address) Westborough State May 9, 1954		15 Social Security No.	
6 Brookdale Cem. Dedham, Mass. (City or Town) DATE OF BURIAL May 11, 1954		16 BIRTHPLACE (City) Chelsea, Mass. (State or country)	
7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS Winthrop St., Winthrop		17 NAME OF FATHER Elliott W. Hayes	
Received and filed Jun 4 1954 19 (Registrar of City or Town where deceased resided)		18 BIRTHPLACE OF FATHER (City) Roxbury, Mass. (State or country)	
		19 MAIDEN NAME OF MOTHER Ina M. Stilwell	
		20 BIRTHPLACE OF MOTHER (City) Revere, Mass. (State or country)	
		21 Informant (Address) Westborough State Hospital Records	
		A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)	
		DATE FILED May 20, 1954	

X

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

110

R-301A

PLACE OF DEATH

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 40 Willow Avenue

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Sadie Pass ADELMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 40 Willow Avenue
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 9 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 10, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Ja 1954 to May 10, 1954I last saw h. e. alive on 9 May 1954 death is said to
have occurred on the date stated above, at 6:40 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Metastatic Carcinoma

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Ca - Uterus

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address) 305-100 West 10th St. Boston, Mass.

Date 10 May 1954

M. D.

6 Mt. Leb. Ind. Workmen's Circle Cem.

Place of Burial or Cremation West Roxbury (City or Town)

DATE OF BURIAL May 11, 1954

7 NAME OF FUNERAL DIRECTOR B. Schlonberg & Sons

ADDRESS 1272 Blue Hill Ave., Matt.

Received and filed MAY 10 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of Jacob Adelman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Jacob Pass

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Liba c.n.b.l.

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Jacob Adelman
(Address) 40 Willow Avenue, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/10/54

100M-10-53-910621

mis.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of the 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
illure, asthenia,
ans the disease,
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ing rise to the
se (a) stating
lying cause

ions contrib-
e death but not
the disease or
causing death.

50M-8-52-907046

PLACE OF DEATH

1

Suffolk
(County)
Wintthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. **111**No. *Wintthrop Comm Hospital* St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Charles W. Giovanni*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. *851 River Beach Parkway* St. *Revere Mass*
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death..... years *1* months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 10 54*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from *April 2* 19*54* to *May 10* 19*54*I last saw *him* alive on *May 10* 19*54*, death is said tohave occurred on the date stated above, at *12 58* m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Pleural Edema*INTERVAL BE-
TWEEN ONSET
AND DEATH
*2 days*ANTECEDENT (b) *Cardiac Resp*
CAUSES *HYPERTENSIVE*Due To (c) *Chronic Heart Disease*
*Chronic Heart Disease*OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation..... Was autopsy performed? *+*What test confirmed diagnosis? *Alcohol*

5 Was disease or injury in any way related to occupation of deceased?

If so, specify *Subarachnoid Hemorrhage*(Signed) *Dr. J. J. Baker* M. D.(Address) *147 Wintthrop St Wintthrop* Date *May 19 1954*6 Place of Burial or Cremation *Malden*
(City or Town) *Mass*DATE OF BURIAL *May 13 1954* 197 NAME OF FUNERAL DIRECTOR *Joseph J. Gagliano*ADDRESS *147 Wintthrop St Wintthrop*Received and filed *MAY 12 1954* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED *Widowed*
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of *James Caldwell*
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *63* Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: *Retired Bartender*
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. *26-18-7255*16 BIRTHPLACE (City) *Boston*
(State or country) *Mass*17 NAME OF FATHER *Carmen Giovanni*18 BIRTHPLACE OF FATHER (City) *Italy*
(State or country)19 MAIDEN NAME OF MOTHER *Carmella Vozzale*20 BIRTHPLACE OF MOTHER (City) *Italy*
(State or country)21 Informant *Carmen Giovanni*
(Address) *851 River Beach Parkway Revere*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Valter J. Baker*
(Signature of Agent of Board of Health of other)(Official Designation) *Health Officer* (Date of Issue of Permit) *5/11/54*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried; until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original statement, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4125 112

No. Mass Gen Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Saul Goldfader

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 39 Nevada St.,

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 23 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 11/54

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

5/10/54

19.....

to.....

5/11/54

19.....

I last saw him alive on..... death is said to

have occurred on the date stated above, at 12.25a m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Internal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 min

ANTECEDENT CAUSES Due To Dissecting abdominal aneurysm

Due To (c)

6 mos

OTHER SIGNIFICANT CONDITIONS Abdominal tumor of unascertained identity

Major findings: none

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? clin

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Clay

(Address) MGH

Date 5/11/54

M. D.

6 Teffereth Israel-Everett

Place of Burial or Cremation 5/12/54 (City or Town)

DATE OF BURIAL.....19.....

7 NAME OF FUNERAL DIRECTOR L Hymanson

ADDRESS Lynn

Received and filed May 24, 1954 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Marr

10a If married, widowed, or divorced

HUSBAND of Dora Bernstein

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 67 Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation: Tailor

(Kind of work done during most of working life)

14 Industry

or Business: cnbl

15 Social Security No. 021-05-0639

16 BIRTHPLACE (City).

(State or country)

Poland

17 NAME OF

FATHER

Michael Goldfader

18 BIRTHPLACE OF

FATHER (City).

(State or country)

Poland

19 MAIDEN NAME

OF MOTHER

Anna ---

20 BIRTHPLACE OF

MOTHER (City).

(State or country)

Poland

21

Informant

(Address)

Dora Goldfader

39 Nevada St. Winthrop

A TRUE COPY

ATTEST:

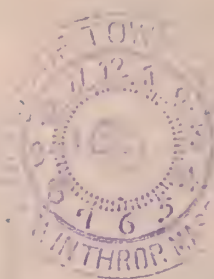
(Registrar of City or Town where death occurred)

DATE FILED

MAY 13 1954

19.....

RECEIVED



MAY 24 11 AM

4291 1891

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

113

No. 24 Brookfield Road

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Otilie M. Strasburger

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 24 Brookfield Road
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 45 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
culture, ashenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
e (a) stating
lying causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 10 1954 to May 12 1954

I last saw her alive on May 12 1954 Death is said to

have occurred on the date stated above, at 2:40 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Metastatic

Carcinoma

INTERVAL BE-
TWEEN ONSET
AND DEATH
Known
5 MosANTE Due To
CEDENT (b) —
CAUSESDue To
(c) —OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. none

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis? none

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. O'Haley

(Address) Brook Mass

Date 12 May 19

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 14 1954

7 NAME OF
FUNERAL DIRECTOR John F. O'Haley

ADDRESS Winthrop Mass.

Received and filed. MAY 14 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frank Strasburger

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 68

AGE

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Housewife

(Kind of work done during most of working life)

14 Industry

or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Neuburg on Danube

Bavaria

17 NAME OF

FATHER

Joseph Kastner

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Bavaria

19 MAIDEN NAME

OF MOTHER

Josephine Gruenwald

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Bavaria

21

Informant

(Address)

Beatrice L. Strasburger

24 Brookfield Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-3-53-909098

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 33 Circuit Road

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 114

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Alice E. Mulcahy (Grady)
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran. No
if so specify WAR)(a) Residence. No. 33 Circuit Road
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 12 years months days. In place of residence 12 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 13 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 9, 1952 to May 13, 1954
last saw her alive on May 13, 1954, death is said to
have occurred on the date stated above, at 3:15 AM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary
Thrombosis

ANTE CEDENT CAUSES Due To Hypertension

Due To Hypertension
Heart DiseaseOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J. Kelly M.D.

(Address) 1000 Mass

Date 13 May 1954

6 Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 15 1954

7 NAME OF FUNERAL DIRECTOR Alice M. Kelly
ADDRESS 11 Meridian St. East Boston

Received and filed. 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of William L. Mulcahy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 2 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation: Home Maker
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Edmund T. Grady

18 BIRTHPLACE OF FATHER (City) Burlington
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Margaret E. Kerr

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant William L. Mulcahy
(Address) 33 Circuit Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other
Health Officer 5/14/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 176 Shore Dr. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Letterman
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 176 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 20 years.....months.....days. In place of residence 20 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 14, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h.....alive on....., 19, death is said to have occurred on the date stated above, at 5:30 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes

ANTECEDENT CAUSES Due To Presumably Coronary Occlusion

Due To

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Arthur C. Murray M.D.
(Signed) M.D. (Address) Winthrop Board of Health Date 14 May 1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL May 16, 1954

7 NAME OF FUNERAL DIRECTOR Paul R. Levine
ADDRESS 470 Harvard St., Brookline

Received and filed MAY 14 1954

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Lillian Klarfaem
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 5 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: pipe-fitter
(Kind of work done during most of working life)

14 Industry or Business: marine shipyard

15 Social Security No.

16 BIRTHPLACE (City) East Boston, Mass.
(State or country)

17 NAME OF FATHER Fishel Letterman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Leah (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Frank Letterman
(Address) 176 Shore Dr., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5/14/54

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)

No. Vet Adm Hosp



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4381 116

1 FULL NAME Marchant H Stewart
(If deceased is a married, widowed or divorced woman, give also maiden name.)
113 Levere St. Wintthrop

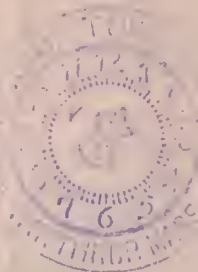
(a) Residence. No. (Usual place of abode) St. (If nonresident, give city or town and State)
15

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH	
3 DATE OF DEATH	May 18/54 (Month) (Day) (Year)
4 I HEREBY CERTIFY, that attended deceased from	5/3/54 to 5/18/54
I last saw him alive on	3.35p 19, death is said to have occurred on the date stated above, at
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	Adenocarcinoma of Pancreas with metastases 2 yrs
ANTE CEDENT CAUSES	Polycystic kidneys
OTHER SIGNIFICANT CONDITIONS	Myocardial infarct, old
Major findings: Of operations.	yes
Date of operation	autopsy Was autopsy performed?
What test confirmed diagnosis?	no
5 Was disease or injury in any way related to occupation of deceased?	no
If so, specify (Signed) (Address)	H. Achenbach 5/19/54 M. D. Oak Grove Con., Medford
6 Place of Burial or Cremation	5/22/54 (City or Town)
DATE OF BURIAL	19
7 NAME OF FUNERAL DIRECTOR	E PCagliano
ADDRESS	Wintthrop
Received and filed	June 1, 1954 19
(Registrar of City or Town where deceased resided)	

PERSONAL AND STATISTICAL PARTICULARS	
8 SEX	9 COLOR OR RACE
10 SINGLE (write the word)	MARRIED Divorced
10a If married, widowed, or divorced HUSBAND of Emma L Gould (Give maiden name of wife in full)	
(or) WIFE of (Husband's name in full)	
11 IF STILLBORN, enter that fact here.	
12 AGE	15
Years	Months Days
If under 24 hours Hours Minutes	
13 Usual Occupation	Carpenter
(Kind of work done during most of working life)	
14 Industry or Business	cnbl
15 Social Security No.	Mapleton, Me
16 BIRTHPLACE (City) (State or country)	John A Stewart
17 NAME OF FATHER	Farmington, Me
18 BIRTHPLACE OF FATHER (City) (State or country)	Theresa E Hume
19 MAIDEN NAME OF MOTHER	Rockland
20 BIRTHPLACE OF MOTHER (City) (State or country)	Me
21 Informant (Address)	hosp records
A TRUE COPY	
ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)	
DATE FILED MAY 21 1954 19	

RECEIVED



JUN-1 AM

Info. pending

6/23/98

3/31/99

4291.1-3001

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne

No.

Annie Teresa Vance (Mullens)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

49 Lincoln

(a) Residence. No.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years 1.....months 4.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

117

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

 { (Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 17, 1954, to May 21, 1954

I last saw her alive on May 21, 1954, death is said to

have occurred on the date stated above, at 6:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

arteriosclerotic heart disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

yrs

ANTE DUE
CEDENT (b)
CAUSESGeneralized Arterio
sclerosis

yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd M.D.

(Address) Danvers, Mass. Date 5/25/1954

6 Holy Cross Cem. Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL May 24 1954

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed June 11, 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
or DIVORCED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 85 1/2 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Unable to work

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Chelsea
(State or country) Mass.

17 NAME OF FATHER Jeremiah Mullens

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Cannot be learned

19 MAIDEN NAME

OF MOTHER

Mary Cassidy

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

 21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

May

26

19

54



JUN 11 1961

R-301A

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
e disease or
causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or Its Agent.

Registered No. 118

No. Vinthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Michael J. Hourigan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 3 Lorean Terrace

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence 10 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 22 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 12 1954 to May 22 1954

I last saw h. alive on May 21 1954, death is said to

have occurred on the date stated above, at 5A m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Arteriosclerotic
heart disease

ANTECEDENT CAUSES

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 St. Mary's Salem Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 25 1954

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 25 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed10a If married, widowed or divorced
HUSBAND of Agnes Carey

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Shipper
(Kind of work done during most of working life)14 Industry or Business: Drug Sundries
012-03-8698

15 Social Security No. Boston Mass

16 BIRTHPLACE (City) Boston
(State or country) MassPARENTS 17 NAME OF FATHER Cannot be learned
18 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)21 Informant J. Lester Hourigan
(Address) 3 Lorean TerraceI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 524 154
(Official Designation) (Date of Issue of Permit)

50M (B)-1-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly **May 31, 1946** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Washington Rest Home

2 FULL NAME Esther (Garalnick) Ectman Manel
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 487 Beach St. St. Revere
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 1 years 1 months 1 days. In place of residence 1 years 6 months 6 days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
and the disease,
indications which
lead to death.under conditions,
giving rise to the
disease (a) stating
the underlying causeconditions contrib-
ute to death but not
the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. 119

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 24 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 8, 1954, to May 24, 1954
I last saw h. or alive on May 24, 1954 death is said to
have occurred on the date stated above, at 11:30 m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebrovascular accidentANTE CEDENT CAUSES
Due To (b) Arteriosclerosis
generalizedDue To (c) HypertensionOTHER
SIGNIFICANT
CONDITIONS SenilityMajor findings:
Of operations.Date of operation. Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Perry(Address) 174 Perry St. MaldenDate May 23 19546 Tifereth Israel Cem. Everett
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 26, 19547 NAME OF FUNERAL DIRECTOR Murray Goldman
174 Perry St. Malden
ADDRESSReceived and filed MAY 26 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Harris Manel
(Give maiden name of wife in full)(or) WIFE of Harris Manel
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 0 Months 0 Days
If under 24 hours
Hours 0 Minutes 013 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: At Home15 Social Security No. 000-00-000016 BIRTHPLACE (City) Rovno
(State or country) Russia17 NAME OF FATHER Israel Garalnick18 BIRTHPLACE OF FATHER (City) Rovno
(State or country) Russia19 MAIDEN NAME OF MOTHER Minnie (Unknown)20 BIRTHPLACE OF MOTHER (City) Rovno
(State or country) Russia21 Informant William Ectman
(Address) 373 Perry St. MaldenI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Perry
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) May 26 1954

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHenter
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sing death.

50M-10-52-908091

PLACE OF DEATH

Suffolk
(County)Wintthrop
(City or Town)

No. Bay View Nursing Home

2 FULL NAME Annie Millman
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 121 Hawthorne
(Usual place of abode)St. Chelsea Mass
(If nonresident, give city or town and State)

Length of stay: In place of death. 0 years 1 months 14 days. In place of residence. 40 years 0 months 0 days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 120

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 25, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 44 to May 25, 19 54

I last saw her alive on May 25, 19 54, death is said to

have occurred on the date stated above, at 7:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral
hemorrhage 4 daysANTECEDENT (b) arteriosclerosis 10 days
CAUSES

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Dr. D. Greenfield M. D.

(Address) 121 Hawthorne St. Chelsea Date 5/25/54

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 26, 1954

7 NAME OF FUNERAL DIRECTOR, Herman J. Joff

ADDRESS 157 Washington Ave Chelsea

Received and filed. 5/26/54 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Jacob Millman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER David Rothstein

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C B K)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Philip Millman
(Address) 121 Hawthorne St ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/26/54

X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1214623

No. Beth Israel Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BENJAMIN BABSON
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 34 Trident Ave., Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/20 19 to 5/26 19 54

I last saw him alive on 5/26 19 54 death is said to have occurred on the date stated above, at 8:30a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) congestive heart failure
wksANTE CEDENT CAUSES Due To arteriosclerotic heart disease
yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS ? Addison's Disease hyponatremia, hypoglycemia-?

Major findings: Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify J. Slosberg M. D.

(Signed) (Address) 330 Brkl Ave. Date 5/26 19 54

6 Winthrop Cem Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 27 19 54

7 NAME OF FUNERAL DIRECTOR A Golov

ADDRESS Brookline, Mass

Received and filed JUN 7 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Mary Goldstein
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Tanner
(Kind of work done during most of working life)

14 Industry or Business retired

15 Social Security No. - - -

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Harry Babson

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Sarah - - -

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant M Babson
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 28 19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1678 122

No. Mass Gen Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy E Sammartino (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 119 Revere St., St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 29 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 27/51 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/23/51, 19 to 5/27/51, 19

We last saw her alive on 10.10.19 death is said to have occurred on the date stated above, 10.10.19

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Status epilepticus 5 days

ANTECEDENT CAUSES Due To Epilepsy 20 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations none no

Date of operation Was autopsy performed? Clinical

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. Clark M. D.

(Address) 101 Date 5/28/51 19

6 Winthrop - Winthrop Place of Burial or Cremation 6/1/51 (City or Town)

DATE OF BURIAL 6/1/51 19

7 NAME OF FUNERAL DIRECTOR H S Reynolds

ADDRESS Winthrop

Received and filed JUN 7 1951 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 29 Years 2 Months 3 Days If under 24 hours Hours Minutes

13 Usual Occupation none (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country)

17 NAME OF FATHER Frank Sammartino

18 BIRTHPLACE OF FATHER (City) Boston (State or country)

19 MAIDEN NAME OF MOTHER Theresa Amerina

20 BIRTHPLACE OF MOTHER (City) Boston (State or country)

21 Informant Frank Sammartino (Address) 2a

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

FORM C

(1949 Revision of Standard Certificate)
CERTIFICATE OF DEATH

COPY

STATE OF MAINE

1. PLACE OF DEATH a. COUNTY Cumberland		2. USUAL RESIDENCE (If institution: residence before admission) Write RURAL, if so. a. HOUSE ADDRESS 343 Stevens Avenue	
b. TOWN Portland, Maine		c. LENGTH OF STAY (in this place) Portland, Maine	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give House Address) Maine General Hospital		b. LEGAL RESIDENCE Portland, Cumberland, Maine	
3. NAME OF DECEASED (Type or Print) FRANCES	a. (First) FRANCES	b. (Middle) HILDA	c. (Last) VAN HOUSEN
4. DATE OF DEATH May 27, 1954	5. AGE (In years last birthday) 70		
6. SEX Female	7. COLOR OR RACE White	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. DATE OF BIRTH June 10, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Town & State or foreign country) Boston, Mass	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isaac Blair		14. MOTHER'S MAIDEN NAME Jennie Carruthers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY None	
17. INFORMANT George Blair		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		MEDICAL CERTIFICATION Art. sclerotic heart disease, old myocard infarct congestive failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs plus	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from, 19....., to, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.			
23a. SIGNATURE Frederick R Brown, Jr	(Degree or title) M D	23b. ADDRESS Portland, Maine	23c. DATE SIGNED 5/28/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/54	24c. NAME OF CEMETERY OR CREMATORY Winthrop	24d. LOCATION (City, town, or county) (State) Winthrop, Massachusetts
DATE REC'D BY LOCAL REG. 5/28/1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Hay and Peabody Portland, Maine	

(1) a community of less than 2,500 population or (2) outside corporate limits of an incorporated place. The Residence of a deceased infant will be that of mother. In Item 17 the Informant will not be the funeral director unless he is of the family of the deceased.



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 59 Sunnyside Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Josephine Keyes (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 59 Sunnyside Avenue St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 45 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illness, asthenia,
as the disease,
conditions which
th.and conditions,
ing rise to the
e (a) stating
lying causetions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1953 to May 1954
I last saw her alive on 25 April 1954, death is said to

have occurred on the date stated above, at 1:30 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Parkinson's Disease 10 yrs

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. NONE

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Arthur E. Murray M. D.

(Address) Winthrop Date 31 May 1954

6 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2, 1954 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Mark

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 2 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 9 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired stationer
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. none
16 BIRTHPLACE (City). Orland Maine
(State or country)

17 NAME OF FATHER John R. Keyes

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Cybelle Wardwell

20 BIRTHPLACE OF MOTHER (City) North Blue Hill
(State or country) Maine21 Informant Miss Maude J. Keyes
(Address) 59 Sunnyside AvenueI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 6/15/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

50m-(b)-11-49-070,560

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Ave

2 FULL NAME.

Frank J. Marshall "Machado"

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

292 Bennington

(Usual place of abode)

St.

E Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days In place of residence 40 years months days

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

125

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

Was deceased a
U. S. War Veteran,
if so specify WAR

no

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 1 1944 to May 29 1954
I last saw him alive on May 29 1954 death is said to

have occurred on the date stated above, at 4 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

CEREBRAL HEMORRHAGE 100%

ANTE Due To
CEDENT (b)
CAUSES

ARTERIO SCLEROSIS 100%

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 70

If so, specify

(Signed) MURKIS CLAYMAN M. D.
(Address) 185 CHESTNUT STREET Date 11-17-19546 Woodlawn Emmett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 1 1954

7 NAME OF FUNERAL DIRECTOR Wm F. Welsh

ADDRESS 518 Broadway Chelsea

Received and filed JUN 1 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED10a If married, widowed or divorced
HUSBAND of Elizabeth Chandler
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Painter
(Kind of work done during most of working life)

14 Industry or Business: Decorating

15 Social Security No. none

16 BIRTHPLACE (City). Boston Mass.
(State or country)

17 NAME OF FATHER Henry Machado

18 BIRTHPLACE OF FATHER (City) Portugal
(State or country)

19 MAIDEN NAME OF MOTHER Mary Hoben

20 BIRTHPLACE OF MOTHER (City) Portugal
(State or country)21 Informant Frank Marshall
(Address) 292 Bennington E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Valter L. Gasky
(Signature of Agent of Board of Health or other)Alta P. Gasky 5/1/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 126

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 59 Sewall Avenue

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Royal Ellen Kiely
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, V.V. 11
if so specify WAR)(a) Residence. No. 59 Sewall Avenue
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
ath.aid conditions,
ing rise to the
se (a) stating
rying causeitions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 30 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 11 1950 to MAY 30 1954
I last saw him alive on MAY 30 1954, death is said to

have occurred on the date stated above, at 6:35 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ACUTE CORONARY OCCLUSION 1/2 HR.

ANTE CEDENT CAUSES Due To (b) BRAIN INJURY - 7 yrs.

Due To (c) 2 OPERATIONS 7 YRS. AGO
RESIDUAL APHASIA 7 YRS.OTHER SIGNIFICANT
CONDITIONS ARTHRITISMajor findings: NONE
Of operations.

Date of operation: NONE Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify.

(Signed) Myron D. King M.D. M. D.
(Address) 111 OLEBANT ST. WINTHROP Date 5/31 19546 Our Lady Star of the Sea Cemetery
Place of Burial or Cremation (City or Town) WINTHROP, MASS.

DATE OF BURIAL June 2 1954

7 NAME OF FUNERAL DIRECTOR William J. Killion

ADDRESS 1 Sprague St. Revere, Mass.

Received and filed. JUN 2 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Helen (Cuffy) Kiely
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 5 Months 4 Days If under 24 hours
Hours Minutes13 Usual Occupation: Chauffeur
(Kind of work done during most of working life)

14 Industry or Business: Trucking

15 Social Security No. 046-09-1015

16 BIRTHPLACE (City) Marlborough
(State or country) Mass.

17 NAME OF FATHER Herbert Austin Kiely

18 BIRTHPLACE OF FATHER (City) Marlborough, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Ella (Grant)

20 BIRTHPLACE OF MOTHER (City) Truro, Canada
(State or country)21 Informant Mrs. Helen (Cuffy) Kiely
(Address) 59 Sewall Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-5-52-907046

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Sept 29 1942
March 10 1945
(C M O M M A A)
U S NAVY
607-96-19

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 127

No. 149 River Rd. (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Jacob Blass
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, none
if so specify WAR)(a) Residence. No. 149 River Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years months days. In place of residence 8 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF June 2 1954
DEATH (Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19
I last saw im alive on 6/2 1954, death is said to

have occurred on the date stated above, at 2:00 AM m.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Natural causes,
presumably acute coronaryINTERVAL BE-
TWEEN ONSET
AND DEATH30
min.ANTE Due To occlusion
CEDENT (b)
CAUSES Winthrop Board of HealthDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased NO

If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass Date 6/2/ 19546 Sharon Memorial Park - Sharon
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 3 1954

7 NAME OF
FUNERAL DIRECTOR Erwin L. Levine

ADDRESS 470 Harvard St Brookline

Received and filed JUN 2 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced Rose Greenberg
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation salesman
(Kind of work done during most of working life)

14 Industry or Business general merchandise

15 Social Security No.
16 BIRTHPLACE (City) Chelsea, Mass
(State or country)

17 NAME OF FATHER Max Blass

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Tobie Roll

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Rose Blass
(Address) 149 River Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Bakges
(Signature of Agent of Board of Health or other)Health Officer 6/2/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Ave.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

128

To be filed for burial permit
with Board of Health
or its Agent.(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Grace L. Osterhout nee Maher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 104 Highland Ave.,
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 years. months. days. In place of residence 3 years. months. days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1950 to June 5 1954I last saw her alive on June 4 1954 death is said to
have occurred on the date stated above, at 12:30 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral
hemorrhageANTE
CEDENT
CAUSES

Due To (b) arteriosclerosis 1945

Due To (c) Hypertension 1945

OTHER
SIGNIFICANT
CONDITIONS

senility

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? heartexam

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William Sharkey M. D.
(Address) 59 Sturges Ave. 1954

6 Forest St. (City or Town)

DATE OF BURIAL June 8, 1954 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass.

Received and filed JUN 11 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Joseph Osterhout
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Malden Mass.
(State or country)

17 NAME OF FATHER Patrick Maher

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Phinney

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)21 Informant Howard L. Osterhout
(Address) 58 Bellingham Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/8/54 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

129

No. 50 Lewis Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Margaret Alice Wolf (Mulcahy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 50 Lewis Ave
(Usual place of abode)

St.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h — alive on 19, death is said to
have occurred on the date stated above, at 9:30 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural Causes

ANTECEDENT (b) Presumably
CAUSES

Due To (c) Coronary
Occlusion

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations. —

Date of operation. — Was autopsy performed? NO

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify Arthur C. Murphy, M. D.
(Signed) Winthrop Board of Health, M. D.
(Address) Winthrop Date June 5, 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9, 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed JUN 11 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of. (Give maiden name of wife in full)
(or) WIFE of Richard A. F. Wolf
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Brookline
(State or country) Mass

17 NAME OF FATHER William Mulcahy

18 BIRTHPLACE OF FATHER (City) Brookline
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary O'Neil

20 BIRTHPLACE OF MOTHER (City) Brookline
(State or country) Mass

21 Informant Richard A. F. Wolf
(Address) 50 Lewis Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wallace J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/17/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 4990 130

No. 300 Longwood Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mura J Lurie
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 149 Locust St.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....19 days. In place of residence.....4 years.....6 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 6/54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 18 54 to June 6 54I last saw him enlive on June 6 19 54, death is said to
have occurred on the date stated above, at 4:05PM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute leukemia

INTERVAL BE-
TWEEN ONSET
AND DEATH
10 DaysANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSHemorrhagic diathesis 2 Wks
septicemia 10 DaysMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. M. Verosky M. D.
(Address) Children's Hospt
Share Terila West Roxbury Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 9/54 19

7 NAME OF FUNERAL DIRECTOR Henry Levine
ADDRESS Brookline Mass.

Received and filed JUN 21 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 4 Years 6 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

BIRTHPLACE (City) New York New York
(State or country)

17 NAME OF FATHER Eli M Lurie

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Dorothy Levitan

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)21 Informant Eli Lurie Father
(Address)

A TRUE COPY

ATTEST Charles G. Inackie
(Registrar of City or Town where death occurred)

DATE FILED June 9/54 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)



JUN 2

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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than one
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(b) and (c)

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of dying, such
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bid conditions,
ving rise to the
se (a) stating
erlying cause

itions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

131

Registered No.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph Massa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence. No. 33 Shore Drive St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 1/2 days. In place of residence 14 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 6 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 1953, to JUNE 6 1954

I last saw him alive on JUNE 6, 1954, death is said to

have occurred on the date stated above, at 11:30 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CARCINOMA LEFT LUNG

INTERVAL BE-
TWEEN ONSET
AND DEATH

7 mo

ANTE Due To METASTASIS TO SPINE
CEDENT (b) CAUSES 6 mo.Due To
(c)OTHER SIGNIFICANT CONDITIONS LEFT CRYPTORCHIDISM
+ INGUINAL HERNIA

Congenital

Major findings: CA OF LUNG WITH METASTASIS TO SPINE
Of operations

Date of operation JAN 15, 1954. Was autopsy performed? NO.

What test confirmed diagnosis? B.I.O.P.S.Y.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify.

(Signed) Myron S. King M. D.

(Address) 197 Washington St. Boston Date JUNE 6 1954

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 10 1954

7 NAME OF FUNERAL DIRECTOR Anthony F. Gola

ADDRESS 197 Washington St. Boston

Received and filed. JUN 10 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Anna Massa
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Jeweler
(Kind of work done during most of working life)

14 Industry or Business: Jewelry Manufacturer

15 Social Security No. Unknown

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Luigi Massa

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Raffaella Disimoni

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Louis Massa (son)
(Address) 33 Shore Drive, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent or Board of Health or other)H.O. att June 9/1954
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by **traumatism** (including resulting septicemia), and by the action of chemical **drugs or poisons** thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-9 10621

PLACE OF DEATH

SUFFOLK
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5050 132

No. Peter Bent Brigham Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN SKEHAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 66 Plummer Ave. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 8 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 7 1954
(Month) (Day) (Year)

WE HEREBY CERTIFY, That we attended deceased from 5/30 19 to 6/7 1954
we last saw him alive on 6/7 1954, death is said to have occurred on the date stated above, at 7:15 PM

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTE CEDENT CAUSES Due To coronary artery disease

yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) V. Cass M. D.

(Address) PRBH Date 6/7 34

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jun 9 1954

7 NAME OF FUNERAL DIRECTOR C Treanor

ADDRESS E Boston

Received and filed JUN 21 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Alice Hoar (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Fireman - rat. (Kind of work done during most of working life)

14 Industry or Business: Boston Fire Dept

15 Social Security No. 021-20-5126

16 BIRTHPLACE (City) East Boston, Mass (State or country)

17 NAME OF FATHER John Skehan

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER -unknown-

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant M Casey (Address)

A TRUE COPY ATTEST: Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED Jun 10 54 19

V.B.

✓

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No. 133

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lura Lane (Chandler)
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 46 Sturgis Street St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 26 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 9, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 13, 1954, to June 9, 1954

I last saw her alive on June 9, 1954, death is said to have occurred on the date stated above, at 10:10 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

1
YearANTECEDENT CAUSES Due To Uremia
(b)4
DaysDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations No

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Burns

(Signed) Elizabeth P. Burns Date 6/9/1954 M. D.

(Address) Woodlawn Cemetery Nashua, N. H.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12, 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop

Received and filed June 8, 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word) WIDOWED Widowed or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arthur W. Lane (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 9 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Rutland (State or country) Vermont

17 NAME OF FATHER Herbert E. Chandler

18 BIRTHPLACE OF FATHER (City) Alstead (State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Elizabeth M. Matteson

20 BIRTHPLACE OF MOTHER (City) Nashua (State or country) New Hampshire

21 Informant (Address) Nellie Chandler Halliday 46 Sturgis St.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 11, 1954



JUL - 8 1918

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 134

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Edna Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 32 Putnam Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 60 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
ath.

id conditions,
ing rise to the
se (a) stating
rying cause

itions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 12 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 10 1954 to June 12 1954

I last saw her alive on June 12 1954, death is said to

have occurred on the date stated above, at 6:29 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchopneumonia
terminal

INTERVAL
BETWEEN
ONSET
AND
DEATH
24 hrs

ANTECEDENT CAUSES
Due To (b) myocardial heart disease
disease

Due To (c) Diabetes mellitus
?

OTHER SIGNIFICANT CONDITIONS
Electrolyte imbalance
?

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) 194 Washington Ave Date June 14 1954

Private Cemetery Steven's Farm
Place of Burial or Cremation Mill Rd. (City or Town)

DATE OF BURIAL June 15 1954 Durham, N.H.

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed JUN 14 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Henry Bailey Stevens
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 7 Months 2 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Writer
(Kind of work done during most of working life)

14 Industry or Business: Free-lance

15 Social Security No. No.

16 BIRTHPLACE (City) Stuart
(State or country) Iowa

17 NAME OF FATHER Edward Louis Ryan

18 BIRTHPLACE OF FATHER (City) Quebec
(State or country) Canada

19 MAIDEN NAME OF MOTHER Mary LaVoie

20 BIRTHPLACE OF MOTHER (City) Brandon
(State or country) Vermont

21 Informant Mr. Henry S. Stevens
(Address) 32 Putnam St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

Signature of Agent of Board of Health or other
Health Officer

(Official Designation) (Date of Issue of Permit) 6/14/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5203 135

No. N E Deaconess Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HAROLD W LOVELL

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

1025 Shirley

St.

Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 13 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/27 19 to 6/13 1954

I last saw h.....im.....alive on 6/13 1954, death is said to

have occurred on the date stated above, at 10:05a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BronchopneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH
daysANTE CEDENT CAUSES Due To chronic bronchitis
(b) and bullous emphysema, severe

9yrs

Due To Congestive heart failure & portal
(c) cirrhosis of liver
Arteriosclerosis,
Diabetes mellitus

-wks

Yrs

Yrs

22yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis? x-rays, tests of blood & urine & autopsy

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) A Marble

(Address) 81 Bay State Rd date 6/13/54

Winthrop Winthrop, Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jun 16 1954

7 NAME OF FUNERAL DIRECTOR A Porcella
Boston

ADDRESS

Received and filed JUN 28 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Marie Hendericks
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 4 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk - ret.
(Kind of work done during most of working life)

14 Industry or Business: Retail Stores

15 Social Security No. 029-01-3588

16 BIRTHPLACE (City) Providence, R I
(State or country)

17 NAME OF FATHER George Lovell

18 BIRTHPLACE OF FATHER (City) Providence, R I
(State or country)

19 MAIDEN NAME OF MOTHER Lucy Mearan

20 BIRTHPLACE OF MOTHER (City) Hubberston, Mass
(State or country)21 Informant Mrs M Lovell
(Address)A TRUE COPY
ATTEST: Charles A. Zwickie
(Registrar of City or Town where death occurred)

DATE FILED Jun 16 19 54



M R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
h.oid conditions,
ng rise to the
e (a) stating
lying causeitions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Arthur L O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 235 Court Rd.
(Usual place of abode)

Length of stay: In place of death.....years.....months.....1 days. In place of residence 48 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 13, 1954 19..... to June 14, 1954

I last saw him alive on June 13, 1954, death is said to

have occurred on the date stated above, at 6:50 A.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

36 hrs

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary ThrombosisANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) Revere 51, Mass. Date June 14, 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 16, 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed.....19.....

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 136

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Viola I Dewar

(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 8 Months 26 Days

If under 24 hours
Hours..... Minutes13 Usual Occupation Purchasing Agent
(Kind of work done during most of working life)

14 Industry or Business Steamship Co.

15 Social Security No. 012-07-0067

16 BIRTHPLACE (City) Yarmouth
(State or country) Nova Scotia

17 NAME OF FATHER Calvin F O'Brien

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Elmira Burns

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Viola I O'Brien
(Address) 235 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/16/54

50M. (A)-11-51-903807

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism, (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5318 138

No. New England Deaconess Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cornelius J. Donovan (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 207 Cottage Park Road St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 3 years 7 months 7 days. In place of residence. 40 years 10 months 10 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 15/54 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to June 15 1954

I last saw him alive on June 15 1954 death is said to have occurred on the date stated above, at 3:05 PM m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Carcinomatosis of abdomen

INTERVAL BETWEEN ONSET AND DEATH

3 Mos.

ANTECEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. 3-2-52 Was autopsy performed? Yes

What test confirmed diagnosis? clinical operation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. P. Hayden M. D.

(Address) Boston 123 a Date 6-15 1954

6 Place of Burial or Cremation Winthrop Cem Winthrop Mass. (City or Town)

DATE OF BURIAL June 18/54 19

7 NAME OF FUNERAL DIRECTOR J. F. O'Malley

ADDRESS Winthrop Mass.

Received and filed JUN 26 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Mary J. Fraser (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired (Kind of work done during most of working life)

14 Industry or Business Marine Contractor

15 Social Security No. 021-28-3087

16 BIRTHPLACE (City) East Boston Mass. (State or country)

17 NAME OF FATHER Cornelius J. Donovan

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Margaret McCarthy

20 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)

21 Informant (Address) Lillian Sweeney

A TRUE COPY ATTEST Charles H. Mackie (Registrar of City or Town where death occurred)

DATE FILED June 21/54 19

V.B. ✓

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 139

No. 24 Thornton Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Dennison Allen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 24 Thornton Park St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence 67 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 1954 to June 14 1954

I last saw him alive on June 14 1954 death is said to

have occurred on the date stated above, at 3:20 pm.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) senility

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Alfred B. Marsh M. D.
(Address) 174 Winthrop St. Date June 17 19546 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 18 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St.

Received and filed JUN 18 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Mary Norton Allen
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 5 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Electrician
(Kind of work done during most of working life)

14 Industry or Business: Self employed

15 Social Security No. none 032-14-0191

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Henry Alfred Allen

18 BIRTHPLACE OF Allendale
FATHER (City) Shelbourne County
(State or country) Nova Scotia19 MAIDEN NAME
OF MOTHER Arabella Dunn20 BIRTHPLACE OF Allendale
MOTHER (City) Nova Scotia
(State or country)21 Informant Mrs. Alfred D. Allen
(Address) 24 Thornton ParkI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer 6/18/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 140

Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Mrs. Julia E. Fielding

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 186 Winthrop St., Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death .. years 2 months 16 days. In place of residence 40 years .. months .. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 17 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1 19 54 to June 17, 1954I last saw her alive on June 17, 1954 death is said to
have occurred on the date stated above, at 6:25 PM.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary arterio-
sclerotic heart diseaseANTE CEDENT (b) With congestive failure
acute pulmonary edemaDue To
(c)OTHER
SIGNIFICANT
CONDITIONS thyrotoxicosesMajor findings:
Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sybil M. D. M. D.
(Address) Winthrop Mass Date June 17 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 19 1954

7 NAME OF FUNERAL DIRECTOR John F. O'Keefe

ADDRESS Winthrop Mass

Received and filed. JUN 21 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William H. Fielding

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) London
(State or country) England

17 NAME OF FATHER Michael Walsh

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Kelly

20 BIRTHPLACE OF MOTHER (City)
(State or country) England21 Informant Grace Fielding
(Address) 62 Washington Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/18/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

(County) **BOSTON**
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5437 141

No. **Mass General Hospital** (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **THOMAS A INDINGARO**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **641 Pleasant** St. **Winthrop, Mass**
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death years months **3** days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **June 19 1954**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That **he** attended deceased from**8/16** 19 to **6/19** 19**54**
We last saw **him** alive on **6/19** **54**, death is said tohave occurred on the date stated above, at **11:10p.** m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Metastatic broncho-****genic carcinoma**ANTE CEDENT CAUSES Due To (b) **Bronchopneumonia**Due To (c) **Bronchiectasis**OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operationsDate of operation Was autopsy performed? **no**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **C. Clay** M. D.
(Address) **MGM** **Day/20** **54**6 **Holy Cross** **Malden**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Jun 23** **1954**7 NAME OF FUNERAL DIRECTOR **M Kirby**ADDRESS **Winthrop, Mass**Received and filed **Jun 6 1954** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Married**10a If married, widowed, or divorced
HUSBAND of **Helen Keogh**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **53** Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: **Night Manager**
(Kind of work done during most of working life)14 Industry or Business: **Gas Station**

15 Social Security No.

16 BIRTHPLACE (City) **East Boston, Mass**
(State or country)17 NAME OF FATHER **Charles Indingaro**18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)19 MAIDEN NAME OF MOTHER **Isabella Anderson**20 BIRTHPLACE OF MOTHER (City) **England**
(State or country)21 Informant (Address) **H Indingaro**

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **Jun 23** 19**54**

V.B.V

RECEIVED



JUL-6 AM

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ins the disease,
ations which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 8 Somerset Terrace

2 FULL NAME

William Harold Freeman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

8 Somerset Terrace

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJune 20, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at 4:30 P. m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Natural Causes

ANTE DUE TO
CEDENT (b) CAUSESDUE TO
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

6 Woodlawn Crematory Everett

Place of Burial or Cremation

DATE OF BURIAL

June 23, 1954

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUNE 22, 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

142

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

10a If married, widowed or divorced

HUSBAND of

Marion H Saunders

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

68

Years

9

Months

23

Days

If under 24 hours

Hours

Minutes

Minutes

13 Usual

Occupation:

Entomologist

(Kind of work done during most of working life)

14 Industry

or Business:

Dept. Agriculture

U.S.

15 Social Security No.

None

16 BIRTHPLACE (City)

New York

Albany

(State or country)

17 NAME OF

FATHER

William Freeman

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Isabell Crawford

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Vermont

21

Informant

(Address)

Marion H Freeman

8 Somerset Terrace

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

6-22-54

V.P.U.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 143

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alroy T Hamilton (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Atlantic Street St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years / months days. In place of residence 30 years months days.

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
failure, asthma,
ans the disease,
ications which
th.

rbid conditions,
ring rise to the
se (a) stating
rlying cause

ditions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 3 1951 to June 21 1954

I last saw him alive on June 21 1954 death is said to
have occurred on the date stated above, at 5:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral embolism,
left with right hemiparesis 3 wks

ANTECEDENT CAUSES (b) Arteriosclerotic heart
disease with auricular
fibrillation 1 yrs

Due To (c) generalized arterio-
sclerosis 3 yrs

OTHER SIGNIFICANT CONDITIONS (d) gangrene right leg
prolapse of rectum 2 wks
3 yrs

Major findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Edward J. Cronin, M. D.
(Address) 562 Shirley St. Date 6/21 1954

6 Mt Auburn Auburn, Maine

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 24 1954

7 NAME OF FUNERAL DIRECTOR Edward J. Cronin

ADDRESS

Received and filed 1954 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed or divorced
HUSBAND of Sagie A Whittemore
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 7 1/2 Years 9 Months 1 Days If under 24 hours
Hours Minutes

13 Usual Occupation Policeman (retired)
(Kind of work done during most of working life)

14 Industry or Business Police Department

15 Social Security No. None

16 BIRTHPLACE (City) Yarmouth
(State or country) Maine

17 NAME OF FATHER Henry Hamilton

18 BIRTHPLACE OF FATHER (City) Yarmouth
(State or country) Maine

19 MAIDEN NAME OF MOTHER Amanda

20 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) Maine

21 Informant Ann Springall
(Address) 345 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer 6/22/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-9015807

PLACE OF DEATH

1

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

REVERE
(City or town including return)

Registered No. 141

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Elmer Blanchard
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 44 Irwin St. Winthrop, Mass.
(Usual place of abode) (If non-resident, give city or town and State)

Length of stay: In place of death 3 years 11 months 11 days. In place of residence 48 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 28 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 17, 1954, to June 28, 1954.

I last saw h. in alive on June 28, 1954, death is said to have occurred on the date stated above, at 10:00A. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic Pneu-
monia

ANTE CEDENT CAUSES (b) Hypocarditis

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations None

Date of operation None Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) Date 6/29/1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL June 30, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop

Received and filed 8 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Eva Maude Turner (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years 7 Months 27 Days If under 24 hours Hours Minutes

13 Usual Occupation: Retail Clerk - Retired (Kind of work done during most of working life)

14 Industry or Business: Retail Grocery Co.

15 Social Security No. 012-30-3785

16 BIRTHPLACE (City) Corinna (State or country) Maine

17 NAME OF FATHER Joseph Blanchard

18 BIRTHPLACE OF FATHER (City) (State or country) Maine

19 MAIDEN NAME OF MOTHER Mary Crammit

20 BIRTHPLACE OF MOTHER (City) (State or country) Maine

21 Informant (Address) Gore T. Couillien 44 Irwin St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 29, 1954

W.B.V.

JUL-8 7M

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

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of dying, such
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ins the disease,
ications which
h.

bid conditions,
ing rise to the
se (a) stating
lying cause

ditions contrib-
e death but not
the disease or
causing death.

50M. (A)-11-51-905807

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harold Lincoln Whitcomb

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) W.W.T

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 6 days. In place of residence..... 12 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 28 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 1950 to June 28 1954

I last saw him alive on June 27, 1954, death is said to

have occurred on the date stated above, at 9:20 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Myocardial

ANTE CEDENT
CAUSES

Due To (b) myocardial
heart disease

Due To (c) arteriosclerosis

OTHER SIGNIFICANT
CONDITIONS Diabetes Mellitus

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? 12-1-54

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward S. Reye M. D.
(Address) 130 Winthrop St. Winthrop Date 6-28-54

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12 1954
1954

7 NAME OF FUNERAL DIRECTOR Edward S. Reye
ADDRESS 130 Winthrop St. Winthrop

Received and filed JUN 30 1954 19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 145

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOWED
OR DIVORCED OR DIVORCED

10a If married, widowed, or divorced
HUSBAND of Alice F. Waterhouse
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 10 Months 0 Days If under 24 hours
Hours Minutes

13 Usual Occupation Accountant
(Kind of work done during most of working life)

14 Industry or Business C. P. A.

15 Social Security No. None

16 BIRTHPLACE (City) Portland
(State or country) Maine

17 NAME OF FATHER Lewis Whitcomb

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Effie Murray

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Informant (Address) Alice F. Whitcomb
130 Sargent St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 6/30/54
(Official Designation) (Date of Issue of Permit)

V.E.L

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Cchap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

9/23/17

3/1/19

Captain

U.S. Army

1657468

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
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rly causeitions contrib-
e death but not
the disease or
causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 146

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 79 Atlantic St

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

John F. O'Maley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, if so specify WAR) None

(a) Residence. No.

79 Atlantic Street

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 50.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

June 29, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 29, 1954

to

June 29, 1954

1954

I last saw him alive on June 29, 1954 death is said to

have occurred on the date stated above, at 11.00 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Carcinomatosis
Symptoms appeared 6 Mos.ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Secondary Anemia

Major findings: None

Of operations.

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? X Rays April 1954

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John F. O'Maley
Revere, Mass

Date June 29, 1954

6 Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

July 3, 1954

7 NAME OF
FUNERAL DIRECTORFrederick J. Magrath
East Boston

Received and filed

2 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

Widowed

10a If married, widowed or divorced

HUSBAND of Ellen I. Kelly

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80

Years

Months

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Funeral Director

(Kind of work done during most of working life)

14 Industry

or Business:

Funeral

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Portsmouth

New Hampshire

17 NAME OF

FATHER

Michael O'Maley

18 BIRTHPLACE OF

FATHER (City)

(State or country)

South Boston

Mass

19 MAIDEN NAME

OF MOTHER

Mary Doherty

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston

Mass

21 Informant

(Address)

Arthur J. O'Maley

79 Atlantic St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7-2-54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 772 147

Middlesex

(County)

Cambridge

(City or Town)



No. Cambridge City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Marshall E. Ball

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

50 Moore St.

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No.

(Usual place of abode)

Dead on arrival

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary thrombosis

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo T. Myles

M. D.

(Address) Cambridge

Date 5/29/54

7 Woodlawn Cem.

Everett

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL June 2, 1954

19

8 NAME OF FUNERAL DIRECTOR John F. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

JUL 14 1954

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

11a If married, widowed, or divorced HUSBAND of Sara Barbee

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 63

AGE Years Months Days

If under 24 hours

Hours Minutes

14 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

15 Industry

or Business:

Lingerie

350-12-1301

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Madison, Wisconsin

18 NAME OF

FATHER

Hiram W. Ball

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Barnsville,

Ohio

20 MAIDEN NAME

OF MOTHER

Isabelle V. Rex

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Parkersburg,

W. Virginia

22

Informant

(Address)

Sara J. Gervais

310 Water St., Lake Geneva, Wisc.

A TRUE COPY

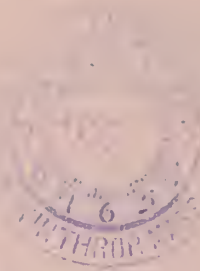
ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

June 2, 1954

19



JUL 14 AM

NORFOLK

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BROOKLINE

(City or town making return)

PLACE OF DEATH

1

BROOKLINE

(City or Town)

No. 69 Park Street

COPY OF
CERTIFICATE OF DEATH

Registered No. 423 148

2 FULL NAME Ida Tobin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 555 Shirley Street
(Usual place of abode)St. Winthrop, Massachusetts
(If nonresident, give city or town and State)

Length of stay: In place of death.....years...1½ months.....days. In place of residence.....6 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 1 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19 44, to June 1, 19 54I last saw her alive on June 1, 19 54 death is said to
have occurred on the date stated above, at 5:50 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Broncho PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE DUE TO Generalized Carcinoma-
CEDENT (b) tosis
CAUSES

6 mos

Due To Carcinoma Liver
(c)

6 mos

OTHER SIGNIFICANT CONDITIONS General Arteriosclerosis 15yrs

Major findings: Biopsy Liver - Ca.
Of operations

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis? Biopsy & Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify A. I. Wekstein
(Signed) 1331 Blue Hill Ave, M. D.
(Address) Mattapan, Mass. Date June 1 19546 Tifereth Israel of Everett, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2 19 54

7 NAME OF FUNERAL DIRECTOR Erwin L Levine
ADDRESS 470 Harvard St., Brookline, Mass.

Received and filed JUL 14 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of Harry Tobin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Abraham Barru

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Sarah (cannot be learned)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant: Hyman Yaffe
(Address) 69 Park St., Brookline, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 4 19 54

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (E)-6-50-902253



JUL 1^{1/2} PM

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. New England Center Hospt.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 149 5834

2 FULL NAME John B Murray
(If deceased is a married, widowed or divorced woman, give also maiden name.)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(a) Residence. No. 99 Marshall St

(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. 174 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1/54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 8, 1954, to July 1, 1954I last saw him alive on July 1, 1954, death is said to
have occurred on the date stated above, at 8:05PM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Myocardial infarction

INTERVAL
BETWEEN ONSET
AND DEATH

4 Days

ANTE CEDENT
CAUSESDue To
(c)

Arterio-sclerosis

Yrs

OTHER
SIGNIFICANT
CONDITIONSDysphasia due to cerebral
thrombosis

9 Mos.

Major findings:
Of operations.

Feeding jejunostomy

Date of operation. June 22 Was autopsy performed? Yes

What test confirmed diagnosis? electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) JH Fisher M.D.
(Address) Boston Mass. Date 7-2, 19546 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.
(City or Town)

DATE OF BURIAL July 6/54 19

7 NAME OF FUNERAL DIRECTOR J F O'Maley

ADDRESS Winthrop Mass.

Received and filed JUL 19 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced Elizabeth A Rinn
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Supt. Elk's Club
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. 025-05-7570
Boston Mass.16 BIRTHPLACE (City)
(State or country)

17 NAME OF FATHER John Murray

18 BIRTHPLACE OF FATHER (City) Wellfleet Mass.
(State or country)

19 MAIDEN NAME OF MOTHER --- Coffey

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)21 Informant E A Murray
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 7/54 19



JUL 19 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

150

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Mayflower NURSING HOME
39 Grovers Ave.

No.

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Paralee G. Sanders

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran.
if so specify WAR)(a) Residence. No. 20 Crescent St.,
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months. 2 days. In place of residence. 40 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 2, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Sept. 50 to July 1, 1954I last saw her alive on July 1, 1954 death is said to
have occurred on the date stated above, at 10.40 A.M.INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Senility

ANTECEDENT (b) Due To Cerebrovascular
CAUSES accident (old)

Due To (c) Arteriosclerosis

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) *Robert G. Davis* M. D.
(Address) 447 Shirley St. W. H. 2 Date July 2, 19546 Mt. Hope Cemetery, Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6, 1954

7 NAME OF FUNERAL DIRECTOR *Thomas G. Davis*

ADDRESS 89 Walnut Ave, Roxbury

Received and filed *July 8 1954* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE Colored 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of John A. Sanders
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation: At Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Charleston Columbia
(State or country) South Carolina

17 NAME OF FATHER ? Logan

18 BIRTHPLACE OF FATHER (City) Columbia
(State or country) South Carolina

19 MAIDEN NAME OF MOTHER ?

20 BIRTHPLACE OF MOTHER (City) Columbia
(State or country) South Carolina21 Informant John Sanders, Son
(Address) 20 Crescent St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:*Valley H. Baker*
(Signature of Agent of Board of Health or other)
Health Officer 7/4/54
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
FOR
CERTIFICATEiving
OF DEATHnt enter
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(a) stating
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using death.

100M-10-53-910621

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
e for each
(b) and (c)s does not mean
r of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
se (a) stating
erlying causeditions contrib-
e death but not
the disease or
causing death.

50M-5-52-907046

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Albert E. Cole.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 61 Washington Ave. Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death..... years..... months..... 1 days. In place of residence 12 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 3, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1954 to July 3, 1954

I last saw him alive on July 3, 1954 death is said to

have occurred on the date stated above, at 11:50 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Thrombosis 29945ANTE CEDENT (b) Due To Hypertension 2 yrs.
CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles Liberman M. D.
(Signed) Winthrop Mass Date July 3, 1954
(Address)6 Winthrop Cemetery Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6, 1954 19

7 NAME OF FUNERAL DIRECTOR Leslie W. Pike

ADDRESS 305 Beach St. Revere

Received and filed. 8 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 151

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, 1
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Etta Merriam
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 0 Months 14 Days If under 24 hours
Hours Minutes13 Usual Occupation: Electrical Contractor
(Kind of work done during most of working life)

14 Industry or Business: Cole Electric Co.

15 Social Security No. 013 - 07 - 1679

16 BIRTHPLACE (City) Philadelphia
(State or country) Penna.

17 NAME OF FATHER Clarence Cole

18 BIRTHPLACE OF FATHER (City) Portland, Maine
(State or country)

19 MAIDEN NAME OF MOTHER Carrie Edwards

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass21 Informant: Etta Cole
(Address) 61 Washington Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 7/6/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE	July 25, 1917
DATE OF DISCHARGE	May 24, 1919
RANK, RATING	Sgt.
ORGANIZATION AND OUTFIT	Army
SERVICE NUMBER	583575

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5883 152

No. Baker Memorial Hospital xxxs (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN F MC MAHON (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 6 Adams St. "Inthrop, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 5 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 6/22 19 to 7/5 19 54
I last saw him alive on 7/5 19 54 death is said to have occurred on the date stated above, at 2:35a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute myocardial infarction

ANTECEDENT CAUSES Due To (b) hypertension

Due To (c) arteriosclerosis

OTHER SIGNIFICANT CONDITIONS Squamous carcinoma of floor of mouth 77mon

Major findings: Of operations.....
Date of operation..... Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify C. Clay
(Signed) MCH Date 7/5 19 54
(Address) Winthrop Winthrop

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jul 7 19 54

7 NAME OF FUNERAL DIRECTOR A O'Maley
ADDRESS "Inthrop, Mass

Received and filed JUL 19 1954
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED MARRIED WIDOWED OR DIVORCED

10a If married, widowed, or divorced HUSBAND of Mary E. Leahy (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Superintendent -ret. (Kind of work done during most of working life)

14 Industry or Business U S Postoffice

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Charlestown, Mass.

17 NAME OF FATHER Thomas McMahon

18 BIRTHPLACE OF FATHER (City) (State or country) Ireland

19 MAIDEN NAME OF MOTHER Ann Freeman

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant (Address) M. McMahon

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 8 19 54



JUL 19 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

1

No. Mount's Rest Home* 104 Highland Ave. St.

John S. Dalzell

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

177 Bellingham Ave.

(a) Residence. No.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 3 wks. In place of residence 62 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
the disease,
conditions which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

50M-3-53-909098

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

153



CONVALESCENT

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No.

giving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
the disease,
conditions which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 6, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 5, 1954, to July 6, 1954

I last saw him alive on July 5, 1954, death is said to

have occurred on the date stated above, at 8:35 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Artery

Thrombosis

ANTE Due To Coronary Artery
CEDENT (b)
CAUSES SclerosisDue To
(c)OTHER SIGNIFICANT Generalized Arterio-
CONDITIONS scleroticMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Joseph S. Baker, M.D.

(Address) 20 Crescent Ave., Revere, Mass.

6 Woodlawn Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 10, 1954

7 NAME OF FUNERAL DIRECTOR Arthur S. Rosella

ADDRESS 876 Winthrop Ave. Revere, Mass.

Received and filed JUL 8 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Octave Sawyer
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired-Express Messenger
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 714-10-4774A

16 BIRTHPLACE (City) Scotland
(State or country)

17 NAME OF FATHER John Dalzell

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Christina Scott

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)21 Informant Mrs. Octave Dalzell
(Address) 177 Bellingham Ave., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/8/54

X

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or im-mediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registra-tion. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the follow-ing rules of practice:—

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very import-ant, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupa-tion had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 5898154

No. enroute to Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ARTHUR DWELLEY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 164 Herman St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 6 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Myocardial infarction

5 Accident, suicide, or homicide (specify).....
Date and hour of injury..... 19.....

Where did injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)

Manner of injury.....
(How did injury occur?)

Nature of injury.....

While at work?..... Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) M Luongo M. D.
(Address) Boston Date 7/6 19 54

7 Winthrop Winthrop
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL Jul 8 19 54

8 NAME OF FUNERAL DIRECTOR G Treanor
B Boston

ADDRESS.....

Received and filed JUL 19 1954 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced
HUSBAND of Josephine Walsh
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 48
AGE Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Pressman
(Kind of work done during most of working life)

15 Industry or Business: Printing Plant
011-01-3341

16 Social Security No. East Boston, Mass

17 BIRTHPLACE (City) East Boston, Mass
(State or country)

18 NAME OF FATHER Arthur G Dwelley

19 BIRTHPLACE OF FATHER (City) East Boston, Mass
(State or country)

20 MAIDEN NAME OF MOTHER Elizabeth Granara

21 BIRTHPLACE OF MOTHER (City) Boston, Mass
(State or country)

22 Informant J Swelley
(Address)

A TRUE COPY.

ATTEST: Charles E. Treanor
(Registrar of City or Town where death occurred)

Jul 8 54
DATE FILED 19.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



JUL 10 1965

PLACE OF DEATH

1

Suffolk County
Waltham
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

155

No. 23 Seven St. St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George F. Crockett { **PHYSICIAN — IMPORTANT**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 72 1/2 Inman St Cambridge St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 14 days. In place of residence 7 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

HODGKIN'S DISEASE,
GENERALIZED

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....19
Where did
Injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)
Manner of
Injury.....
(How did injury occur?)
Nature of
Injury.....
While at work?..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Michael J. Thompson M. D.
(Address) 25 Shattuck St. Cambridge Date 7/7 1954

7 Cambridge Cambridge
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL 7/9 1954

8 NAME OF FUNERAL DIRECTOR Joseph H. Parker

ADDRESS 106 Bedford St. Cambridge

Received and filed 8 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 7 Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: Student
(Kind of work done during most of working life)

15 Industry or Business: Primary School

16 Social Security No. none

17 BIRTHPLACE (City) Cambridge Mass.
(State or country)

18 NAME OF FATHER Frederick T. Crockett

19 BIRTHPLACE OF FATHER (City) Lowell Mass.
(State or country)

20 MAIDEN NAME OF MOTHER Grace Gilbert

21 BIRTHPLACE OF MOTHER (City) Cambridge Mass.
(State or country)

22 Informant (Address) Frederick T. Crockett
72 1/2 Inman St Cambridge

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Thompson
(Signature of Agent of Board of Health or other)

Health Officer 7/8/54
(Official Designation) (Date of Issue of Permit)

X

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death of the deceased occurred, as required by section forty-six, of chapter one hundred and fourteen, in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope, while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-5-52-907048

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death: 1 years months days. In place of residence: 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 3, 19 54, to July 9, 19 54.I last saw her alive on July 9, 19 54, death is said to
have occurred on the date stated above, at 11:40 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypertensive Heart
DiseaseANTECEDENT CAUSES Due To Hypertension
(b)Due To Arteriosclerosis
(c)OTHER SIGNIFICANT CONDITIONS Cerebral Hemorrhage
June 25, 1954Major findings. None 2-
Of operations.

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased?
If so, specify John F. Collins Ins.
(Signed) (Address) 123 Bennington St., Date July 10, 1954
M. D.6 Holy Cross MAIDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 13 1954

7 NAME OF FUNERAL DIRECTOR Theodore J. Magrath
ADDRESS EAST BOSTON

Received and filed JUL 12 1954 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 156

No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NoneSt. EAST Boston
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Dennis McGRATH
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER John Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER MARY Sullivan (a.k.)

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant MARY Emmett
(Address) 83 ORLEANS ST. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/12/54
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk County
Winthrop
Waters off Pleasant Park Yacht Club

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 157

- 1 FULL NAME Fredrick F. Riley St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. 128 Broadstreet Ave. Beachmont St. Beachmont
(Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death.....years.....months.....days. In place of residence 5 years.....months.....days.

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) no

MEDICAL CERTIFICATE OF DEATH

- 3 DATE OF DEATH July 10 1954
(Month) (Day) (Year)
- 4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
ASPHYXIA DUE TO DROWNING — ACCIDENTAL

- 5 Accident, suicide, or homicide (specify) ACCIDENT
Date and hour of injury July 10 1954
Where did injury occur? Winthrop, Mass.
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? Waters off Yacht Club
(Specify type of place)
Manner of injury Accidental fall into water
(How did injury occur?)
Nature of injury Drowning
While at work? no Was autopsy performed? no

- 6 Was disease or injury in any way related to occupation of deceased?
If so, specify Michael O'Leary
(Signed) Michael O'Leary M. D.
(Address) 25 Shattuck St. Date 7/11 1954
7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL July 14 1954
8 NAME OF FUNERAL DIRECTOR Walter H. Baker
ADDRESS Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

- 9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) Married
MARRIED WIDOWED OR DIVORCED
- 11a If married, widowed, or divorced HUSBAND of Esther C. O'Leary
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)
- 12 IF STILLBORN, enter that fact here.
- 13 88 Years 10 Months 3 Days If under 24 hours _____ Hours _____ Minutes
- 14 Usual Occupation: Boiler Maker
(Kind of work done during most of working life)
- 15 Industry or Business: Boiler Making Yard
- 16 Social Security No. _____
- 17 BIRTHPLACE (City) East Boston
(State or country) Mass.
- 18 NAME OF FATHER Charles H. Riley
- 19 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.
- 20 MAIDEN NAME OF MOTHER Maya A. Boushell
- 21 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.
- 22 Informant (Address) Walter H. Baker
Beachmont

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/13/54
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 13

IN

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OR
CERTIFICATE

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50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 77 Marshall Street

2 FULL NAME Katherine M (Dame) Robinson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 77 Marshall Street
(Usual place of abode)

Length of stay: In place of death. 22 years.....months.....days. In place of residence 22 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 16 54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
6/20, 1954 to 7/16, 1954
I last saw her alive on 7/14/54 death is said to
have occurred on the date stated above, at 8^{PM} m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 7/13/54
interstitial NephritisANTE CEDENT CAUSES Due To (b) Arteriosclerosis
HypertensionOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) Edward S. Bowers M. D.
(Address) 70 Gordon St Winthrop6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL July 19 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Bowers
ADDRESS Winthrop Mass.

Received and filed JUL 19 1954 19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 158

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCE Widow10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Walter A Robinson
(Husband's name in full)11 IF STILLBORN, enter that fact here.
AGE 66 Years 0 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER John Dame

18 BIRTHPLACE OF FATHER (City) Germany
(State or country)

19 MAIDEN NAME OF MOTHER Eliza Kness

20 BIRTHPLACE OF MOTHER (City) France
(State or country)21 Informant Elizabeth Grattan
(Address) 77 Marshall St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) Health Officer (Date of Issue of Permit) 7/19/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

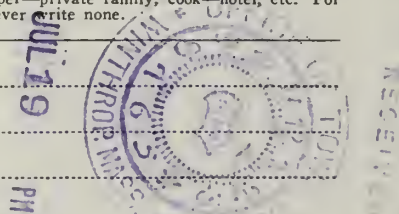
DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered **6272** **159**No. **N E Deaconess Hospital**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **DORA E SCHRESKY**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR.)

(a) Residence. No. **45 Sea Foam Ave.,** **xxx Winthrop, Mass**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **5**.....days. In place of residence **30**.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH (Month **July** (Day **19** (Year **1954**

4 I HEREBY CERTIFY, That I attended deceased from **7/14** 19..... to **7/19** 19..... **54**

I last saw him alive on **7/18** 19..... **54** Death is said to have occurred on the date stated above, at **6:40 a.m.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cerebrovascular embolus & left hemiparesis** **6 days**

ANTECEDENT CAUSES (b) **Hypertensive arterio-sclerotic heart disease with auricular fibrillation** **6 mos**

Due To (c) **Diabetes mellitus** **3 yrs**

OTHER SIGNIFICANT CONDITIONS **Malignant papilloma bladder** **6 yrs**

Major findings: Of operations.....

Date of operation..... Was autopsy performed? **no**

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **E. D. Bouchard** M. D.

(Signed) **81 Bay State Rd** Date **7/19** 19..... **54**

(Address) **East End of Boston** (City or Town)

6 DATE OF BURIAL **Jul 19** 19..... **54**

7 NAME OF FUNERAL DIRECTOR **B. Schlossberg & Sons**

ADDRESS **Mattapan**

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR OR RACE **W** 10 SINGLE (write the word) **MARRIED** **WIDOWED** or **DIVORCED** **Widow**

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of **Morris Schresky** (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **69** years..... Months..... Days If under 24 hours..... Hours..... Minutes

13 Usual Occupation: **Housewife** (Kind of work done during most of working life)

14 Industry or Business: **At home**

15 Social Security No.

16 BIRTHPLACE (City) **New York** (State or country) **N Y**

17 NAME OF FATHER **Myer Wapner**

18 BIRTHPLACE OF FATHER (City) **Russia** (State or country)

19 MAIDEN NAME OF MOTHER **Gussie - - -**

20 BIRTHPLACE OF MOTHER (City) **Russia** (State or country)

21 Informant **L. Schresky** (Address)

A TRUE COPY **Charles H. Zuckerman**

ATTEST: (Registrar of City or Town where death occurred)

Jul 21 **54**

DATE FILED.....19.....

V.L.V.



AUG-72

T.M.M.

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, apoplexy,
asthenia,
and the disease,
indications which
th.other conditions,
ing rise to the
se (a) stating
rlyng causeditions contrib-
e death but not
the disease or
causing death.

50M-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.

160

PLACE OF DEATH

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Francis E. Homer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

107 Winthrop Street

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 20 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 14 1954 to July 20 1954

I last saw him alive on July 19 1954, death is said to

have occurred on the date stated above, at 3:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Chronic pneumonia
(Terminal) 2 daysINTERVAL BE-
TWEEN ONSET
AND DEATHANTE
CEDENT
CAUSES

Due To

(b) Carcinoma of
large bowel with metastases
to liver and lungs

Due To

(c) asis to liver

OTHER
SIGNIFICANT
CONDITIONS

obesity

Major findings:

Of organs: Carcinoma of intestine

Date of operation: July 17 Was autopsy performed? no

What test confirmed diagnosis? Biopsy of liver

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. E. J. Cronin M. D.
(Address) 107 Winthrop Street Date 7-20 1954

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 22, 1954 19

7 NAME OF
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop

Received and filed JUL 22 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of Frances Emma Knights
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 2 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Candy Mfg.
(Kind of work done during most of working life)

14 Industry or Business: Wholesale & Retail

15 Social Security No. 024-03-1437

16 BIRTHPLACE (City) Providence, R.I.
(State or country)

17 NAME OF FATHER Edward Hallett Homer

18 BIRTHPLACE OF FATHER (City) Providence
(State or country) R.I.

19 MAIDEN NAME OF MOTHER Annie M. Noonan

20 BIRTHPLACE OF MOTHER (City) Quebec
(State or country) Canada21 Informant Edward H. Homer
(Address) 234 Bowdoin St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 7/22/54

V.F.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of the 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life, even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

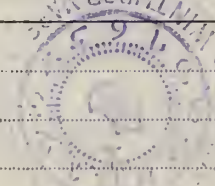
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



Copies of returns of deaths which occurred in your city or town in case the deceased in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6412 161

No. Boston City Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JULES STEINBERG
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)

25 Sturgis

St. Winthrop, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 23 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/23 19 to 8/23 1954

I last saw him alive on..... 19....., death is said to

have occurred on the date stated above, at 10:20 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) cerebral hemorrhage 6wks

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) H. H. H. M. D.

(Address) H. H. H. Date 7/23 19 54

6 Miriam Israel of Winthrop, Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jul 25 19 54

7 NAME OF FUNERAL DIRECTOR H. Torf

ADDRESS Chelsea, Mass

Received and filed..... 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Betty Adreovitch
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 45 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Dealer
(Kind of work done during most of working life)

14 Industry or Business: Waste Materials

15 Social Security No.

16 BIRTHPLACE (City) Chelsea, Mass
(State or country)

17 NAME OF FATHER Isaac Steinberg

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) B Steinberg

A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 27 19 54

V.H.V.



AUG-22 '18

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 162

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME ^{Gregory} FRANK P. Churchill
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 369 Winthrop St.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 4 days. In place of residence 1 years. 3 months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 24 54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 21 - 1954 to July 24 1954I last saw him alive on July 24 1954 death is said to
have occurred on the date stated above, at 7 P. m.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) PRIMARY Aplastic Anemia

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS ARTERIOSCLEROTIC HEART
DISEASE with congestive
HEART FAILUREMajor findings:
Of operations. NONE

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Berdie M. Robinson M. D.
(Address) Winthrop, Mass Date 7-24 1954Cremation Woodlawn Cem. Everett, Mass.
Place of Burial or Cremation

DATE OF BURIAL July 27 1954 19

7 NAME OF
FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. JUL 27 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Florence Daniels
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 6 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: retired salesman
(Kind of work done during most of working life)

14 Industry or Business: Safe and vault Mfg. Co.

15 Social Security No. UNABLE TO OBTAIN

16 BIRTHPLACE (City) Freedom
(State or country) N.H.

17 NAME OF FATHER John C. Churchill

18 BIRTHPLACE OF FATHER (City) North Parsonsfield
(State or country) Maine

19 MAIDEN NAME OF MOTHER Annie Burk

20 BIRTHPLACE OF MOTHER (City) Penna.
(State or country)21 Informant Preston B. Churchill
(Address) 369 Winthrop St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other
Health Officer 7/31/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK

BOSTON (County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6407163

No. Hebrew Aged Home

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ABRAHAM MARDEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 24 Coral Ave.,
(Usual place of abode)St. Wintthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 24 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/21 1948 to 7/24 1954

I last saw him alive on 7/24 1954 death is said to

have occurred on the date stated above, at 5:55a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebral hemorrhage 7/19/54 92

ANTE CEDENT CAUSES

Due To (b) bronchopneumonia 7/23/54

Due To (c) hypertensive heart disease 11/21/48

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Udelson M. D.

(Address) 160 Geneva Ave Date 7/24 1954

6 Beth David (City or Town)

DATE OF BURIAL Jul 25 1954

7 NAME OF FUNERAL DIRECTOR B. Birnbach

ADDRESS Dorchester

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of Fannie Liberman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Real Estate - ret.
(Kind of work done during most of working life)

14 Industry or Business: - - -

15 Social Security No. - - -

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER William Marden

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Deborah - - -

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) Hebrew Home for Aged

A TRUE COPY Charles E. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jul 27 1954

X

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospt



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

6438

164

Registered No.

2 FULL NAME Vincent Marotta
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 28 Beach Road
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 11 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 24/54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 18 19 54 to July 24 19 54
I last saw him alive on July 24 19 54 death is said to
have occurred on the date stated above, at 1.25 PM m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Rupture of heart Mins.

ANTE DUE TO
CEDENT (b)
CAUSES

Myocardial infarction

Due To
(c)

Coronary thrombosis 1 Week

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

C L Clay

Date

M. D.

Mass. General Hospt

7-24-54

6 Place of Burial or Cremation Winthrop Cem (City or town) Mass.

DATE OF BURIAL July 27/54

7 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced Anna Tasca
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 2 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Shoe Maker
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Louis Marotta

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Louis Marotta
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 28/54 19.....

X



AUG-23 1944

1 R-303 A

Book

TIER ST

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-1-52-906135

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **165**

No. *435 Shirley St* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Elizabeth J. Neterer* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *435 Shirley St. Winthrop Mass* (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....days. In place of residence *13* years.....months.....days.

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) **No**

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 24 1954*
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
ACUTE CARDIAC DEATH

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....*19*.....
Where did injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?.....
(Specify type of place)
Manner of injury.....
(How did injury occur?)
Nature of injury.....
While at work?..... Was autopsy performed? *yes*

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Michael J. Long*, M. D.
(Address) *25 Ketchikan St* Date *7-25-54*

7 *Holy Cross Cemetery* *Malden*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *July 28, 1954*

8 NAME OF FUNERAL DIRECTOR *Alice M. Kelly*
~~XXXXXXXXXXXX~~
ADDRESS *11 Meridian St. East Boston*
Received and filed *JUL 27 1954*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED*
or DIVORCED *Married*
11a If married, widowed, or divorced HUSBAND of *Lowell O. Neterer*
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE *50* years *4* Months *3* Days If under 24 hours
Hours.....Minutes

14 Usual Occupation *Housewife*
(Kind of work done during most of working life)

15 Industry or Business *Own Home*

16 Social Security No. *011-03-8568*

17 BIRTHPLACE (City) *East Boston*
(State or country) *Massachusetts*

18 NAME OF FATHER *Arsenius J. Kelly*

19 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Massachusetts*

20 MAIDEN NAME OF MOTHER *Helen C. Healy*

21 BIRTHPLACE OF MOTHER (City) *New Castle*
(State or country) *New Brunswick*

22 Informant (Address) *Helen A. Millerick*
115 Summit Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Fabeer
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *7/27/54* (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.d conditions,
ng rise to the
e (a) stating
lying causeions contrib-
death but not
e disease or
using death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.

166

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Robert E. Lindahl
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 34A Underhill Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... months 7... days. In place of residence ... years... months ... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 25 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/15/53. 19 to 7/25/54. 19I last saw him alive on 7/25/54. 19 death is said to
have occurred on the date stated above, at 8:40 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral hemorrhage 7 daysINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Hypertension
10 yrs.Due To (c) Arteriosclerosis,
generalized 10 yrs

OTHER SIGNIFICANT CONDITIONS none

Major findings: none
Of operations.

Date of operation. none Was autopsy performed? no

What test confirmed diagnosis? Clinical findings

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. J. O. J. J.

(Address) Winthrop Mass Date 7/26 1954

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 28, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 27 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Sophie Lach
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 3 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: retired machinist
(Kind of work done during most of working life)

14 Industry or Business: Narrow Gage Rail Road

15 Social Security No. 023-10-6803-A.

16 BIRTHPLACE (City) Finland
(State or country)

17 NAME OF FATHER Emanuel Lindahl

18 BIRTHPLACE OF FATHER (City) Finland
(State or country)

19 MAIDEN NAME OF MOTHER Sophia Mary ?

20 BIRTHPLACE OF MOTHER (City) Finland
(State or country)21 Informant Atty. James B. Muldoon
(Address) 190 Pleasant St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 7/27/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. Bay View Rest Home

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

167

2 FULL NAME. 41 WASHINGTON AVE WINTHROP
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. DORA ALEXANDER
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 30 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
NOV. 14 1951 to JULY 30 1954

I last saw her alive on JULY 30 1954 death is said to

have occurred on the date stated above, at 6.30 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) GENERAL CARCINOMATOSIS

LYR

ANTE Due To CARCINOMA OF EYE
CEDENT (b)
CAUSES

I yr

Due To
(c)OTHER SIGNIFICANT CONDITIONS: ARTERIO SCLEROTIC HEART DIS-
WITH CONGESTIVE FAILURE yr

Major findings: None

Of operations:

Date of operation: None Was autopsy performed? NO

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify:

(Signed)

(Address) 222 Pleasant St Wintthrop 7/30 1954 M. D.

6 OLD MT. CARMEL - BROOKLYN, NY
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG. 1 1954

7 NAME OF FUNERAL DIRECTOR SAMUEL LBYVINE

ADDRESS 394 WASH. ST. DORCHESTER

Received and filed. 1954 Aug. 3

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

FEMALE WHITE MARRIED
WIDOWED
or DIVORCED WIDOWED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of ABRAHAM ALEXANDER
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: RETIRED:
(Kind of work done during most of working life)

14 Industry or Business: HOUSEWIFE

15 Social Security No.

16 BIRTHPLACE (City) NEW YORK, N.Y.
(State or country)

17 NAME OF FATHER ABRAHAM LEVENSON

18 BIRTHPLACE OF

FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME

OF MOTHER HANNAH (UNKNOWN)

20 BIRTHPLACE OF

MOTHER (City) RUSSIA
(State or country)21 Informant ROBERT LEVENSON
(Address) 252 E. 61st NEW YORKI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8-2-54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

1 R-302

50m-(e)-10-48-24658

PLACE OF DEATH

1

No. (County) (City or Town) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY GREIG BROWNING (If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 168

(a) Residence. No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 DATE OF DEATH March 14, 1954 8 SEX 9 COLOR OR RACE 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED

4 I HEREBY CE

NON RESIDENT

FLORIDA

STATE FILE NO. 8521

I last saw h..... alive

have occurred on the da

DISEASE OR CONDIT DIRECTLY LEADING TO DEATH (a).....

ANTE CEDENT CAUSES

Due To (b) (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation.

What test confirmed diagn

5 Was disease or injury in

If so, specify

(Signed)

(Address)

6 Place of Burial or Cre

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed. 1954 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



COPY OF
CERTIFICATE OF DEATH

(City or town making return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 168

No. (County) (City or Town) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY GREIG BROWNING (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

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(Signed)

(Address)

6 Place of Burial or Cre

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed. 1954 19

(Registrar of City or Town where deceased resided)

CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY Pinellas
b. CITY OR TOWN St. Petersburg
c. LENGTH OF STAY (If not in hospital or institution, give street address or location) 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 Park St., No.

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death)
a. STATE Mass.
b. COUNTY Suffolk
c. CITY OR TOWN Winthrop
d. STREET ADDRESS 36 Grand View Ave.

3. NAME OF DECEASED
a. (First) MARY
b. (Middle) GREIG
c. (Last) BROWNING
d. DATE OF DEATH March 14, 1954

4. SEX Female
5. COLOR OR RACE White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
7. DATE OF BIRTH June 3, 1867
8. AGE (In years, last birthday) 86
9. BIRTHPLACE (State or foreign country) 50 Scotland
10. CITIZEN OF WHAT COUNTRY? USA

11. MOTHER'S MAIDEN NAME Margaret Dewar
12. INFORMANT'S SIGNATURE (If not in hospital or institution, give street address or location) St. Petersburg, Fla.

13. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion
2. ANTECEDENT CAUSES DUE TO (b) Arterio-Sclerosis
3. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 4201-26

14. DATE OF OPERATION 4201-26

15. MAJOR FINDINGS OF OPERATION

16. PLACE OF INJURY (a. In or about home, farm, factory, street, office building, etc.)
17. INJURY OCCURRED WHILE AT (a) HOME (b) WORK (c) AT WORK
18. HOW DID INJURY OCCUR?

19. I hereby certify that I attended the deceased from Mar. 14, 1954, to Mar. 14, 1954, that I last saw the deceased on Mar. 14, 1954, and that death occurred at 4:20 A.M. from the causes and on the date stated above.

20. SIGNATURE (If not in hospital or institution, give street address or location) Dr. Paul B. Kren
21. DATE SIGNED 3-15-54
22. NAME OF CEMETERY OR CREMATORY 7044 Central Ave. S.B. 3-15-54
23. LOCATION (City, town, or county) Winthrop, Mass.

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PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No.

169

No. Danvers State Hospital, Hathorne

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Freeman DeGaust

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

10 Billow

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 4 years 2 months 6 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 2, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 26, 1950 to July 2, 1954

I last saw in alive on July 2, 1954, death is said to

have occurred on the date stated above, at 1:15 P.M.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Arteriosclerotic heart disease

yrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Urinary Tract Infection

3-4 wks

Major findings:
Of operations

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Nichols 3rd, M. D.

(Address) Hathorne, Mass. Date 7/7/54

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS Winthrop, Mass.

Received and filed AUG 12 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED widowed

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of 1. Margaret Steele

(Give maiden name of wife in full)

2. Cannot be learned

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

94 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Unable to work

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

P.E.I. Canada

17 NAME OF FATHER

Cannot be learned

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

21

Informant (Address)

Mary E. Shochan

Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Day
(Registrar of City or Town where death occurred)

DATE FILED July 12 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

AUG 17, 1961

PLACE OF DEATH

1

SUFFOLK
COUNTY

(City or Town)

No. **New England Center Hosp**

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **6757 170**2 FULL NAME **Martina L. Eveleth**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a **no**
U. S. War Veteran,
if so specify WAR)(a) Residence. No.
(Usual place of abode)**38 Edgehill Rd., Winthrop, Mass.**St.
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Aug 5, 1954**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7-16-54 19 **8-5-54** to 19I last saw him alive on **8-5-54** at **2:05 PM** death is said to
have occurred on the date stated above, at m.DISEASE OR CONDITION
DIRECTLY LEADING **Renal failure**
TO DEATH (a)INTERVAL BE-
TWEEN ONSET
AND DEATH
8 daysANTE DUE TO **Hepatic failure**
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: **Sclerosing cholangitis**
Of operationsDate of operation **7-21-54** Was autopsy performed? **Yes**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **A. Bowens** M. D. **8-5-54**
(Address) **NECH** Date 196 **Winthrop** **Winthrop, Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Aug 9, 1954** 197 NAME OF FUNERAL DIRECTOR **A.B. Marsh**
ADDRESS **Winthrop, Mass.**Received and filed **AUG 30 1954** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Fem** 9 COLOR OR RACE **White** 10 SINGLE (write the word)
MARRIED
WIDOWED **Single**
or **DIVORCED**

10a If married, widowed, or divorced

HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **84** **5** **9** If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: **Retired School teacher**
(Kind of work done during most of working life)14 Industry or Business: **Winthrop School Dept.**15 Social Security No. **none**16 BIRTHPLACE (City) **Durham, Me.**
(State or country)17 NAME OF FATHER **James H. Eveleth**18 BIRTHPLACE OF FATHER (City) **Me.**
(State or country)19 MAIDEN NAME OF MOTHER **Mary L. Roak**20 BIRTHPLACE OF MOTHER (City) **Me.**
(State or country)21 Informant **Miss Helen B. Baker, Winthrop, Mass**
(Address)

A TRUE COPY

ATTEST:
(Registrar of City or Town where death occurred)DATE FILED **8-9-54** 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

AUG 30

11

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)

No.

VA Hosp

Martin J. Bell

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

7 Orchard St., Revere, Mass.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months. 3.....days. In place of residence 15.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 6, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

8-3-54

19

to

8-6-54

19

I last saw him alive on.....death is said to

have occurred on the date stated above, at 8:15 PM

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a)

Gastrointestinal

bleeding

ANTECEDENT CAUSES

Due To

Carcinoma of head of pancreas.

Due To

Biliary cirrhosis with esophageal varices

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

J. J. Blum

(Signed)

VAH, Boston

(Address)

Date 8-7-54

M. D.

6 Wintthrop Wintthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 10, 1954

7 NAME OF FUNERAL DIRECTOR O'Malley Funeral Home

ADDRESS Wintthrop, Mass.

Received and filed SEP 7 1954

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6824 171

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran Span-Am. if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR OR RACE White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

Ruth Smith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

74

Years

2

Months

20

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Locomotive Engineer

(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

023-07-1605A

16 BIRTHPLACE (City) (State or country)

Bangor, Me.

17 NAME OF FATHER

Martin Bell

18 BIRTHPLACE OF FATHER (City)

Bangor, Me.

(State or country)

19 MAIDEN NAME OF MOTHER

Winifred Muldoon

20 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

21

Informant (Address)

VA Hosp records, Boston, Mass.

A TRUE COPY

ATTEST:

(Register of City or Town where death occurred)

DATE FILED

8-11-54

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

entry	6-10-98
Disch.	12-1-98
Rank	PFC
Org.	8th Co. Sig. Corps, US Army

PLACE OF DEATH

1

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 172

No. 35 Public Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary D. Sullivan Flanagan (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 48 Mystic St. Charlestown (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 11 months 11 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 11, 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 10:20 A. M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease years

Due To (c) Arteriosclerosis, Generalized. years

OTHER SIGNIFICANT CONDITIONS None

Major findings: none

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Anthony J. Murray M. D. (Address) 109 Warren St. Charlestown Date 11 Aug 1954

6 Place of Burial or Cremation Health Holy Cross Hospital (City or Town)

DATE OF BURIAL August 14, 1954

7 NAME OF FUNERAL DIRECTOR Vincent DeP. Riendeau

ADDRESS 109 Warren St. Charlestown

Received and filed. AUG 11 1954 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of

(or) WIFE of Florence J. Sullivan (Give maiden name of wife in full) (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 6 Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) Cork Ireland (State or country)

17 NAME OF FATHER Dennis J. Flanagan

18 BIRTHPLACE OF FATHER (City) Cork Ireland (State or country)

19 MAIDEN NAME OF MOTHER Hannah Sullivan

20 BIRTHPLACE OF MOTHER (City) Cork Ireland (State or country)

21 Informant Mrs. Eileen M. O'Connell (Address) 10 Mystic St. Charlestown

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Valter S. Grakke (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/11/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 173

PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. Mounts Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Kidney
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 669 Bennington St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 12, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1953, to Aug. 12, 1954
I last saw him alive on Aug. 11, 1954, death is said to have occurred on the date stated above, at 4:11 a.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho-Pneumonia

ANTECEDENT CAUSES (b) Chronic Nephritis

(c) Arterio Sclerosis

OTHER SIGNIFICANT CONDITIONS None

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify: Mrg. H. Schwartz M. D.
(Signed) (Address) 19 Bennington St. E. Boston Date 8/12/546 Holy Cross Malden
Place of burial or cremation (City or Town)
DATE OF BURIAL Aug. 14, 19547 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed 16 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Timothy Kidney

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Donovan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant (Address) Nora Kelly
669 Bennington St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walker & Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/13/54

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 171

PLACE OF DEATH

1 No. Winthrop Community Hse. (City or Town) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Twomey (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 786 Saratoga (Usual place of abode)

St. East Boston (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 14 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at 3:36 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

still born

ANTECEDENT CAUSES (b)

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) A. Paul Purinton M. D.
(Address) 39 CARY AVE. CHALSEA Date Aug 14 1954

6 Place of Burial or Cremation Holy Cross Malden

DATE OF BURIAL Aug 16 1954

7 NAME OF FUNERAL DIRECTOR Charles W. Treanor
ADDRESS East Boston

Received and filed AUG 17 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M. 9 COLOR OR RACE W. 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn

12 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: None (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop Mass (State or country)

17 NAME OF FATHER Andrew J. Twomey

18 BIRTHPLACE OF FATHER (City) East Boston Mass (State or country)

19 MAIDEN NAME OF MOTHER June A. Draper

20 BIRTHPLACE OF MOTHER (City) Cambridge Mass (State or country)

21 Informant (Address) Andrew J. Twomey 786 Saratoga St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/16/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. **175**

No. *Winthrop 60n. Home 142 Pleasant* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Jeremiah T. Casey*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, or so specify WAR) *W. W. 1*

(a) Residence. No. *408 Summer* St. *East Boston*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months *14* days. In place of residence *40* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *August 15, 1954*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *July 1*, 19*54* to *Aug. 15*, 19*54*
I last saw him alive on *Aug. 15*, 19*54*, death is said to have occurred on the date stated above at *11:30 P.m.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Bronchial Pneumonia

ANTECEDENT CAUSES (b) *Cerebral Thrombosis*

Due To (c) *Arterial Sclerosis*

INTERVAL BETWEEN ONSET AND DEATH

4 days

2 wks

1 yr

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *George H. Schwartz* M. D.
(Address) *19 Broadway St. E. B.* Date *8/16/54*

6 *Winthrop* *Winthrop*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *August 19*, 19*54*

7 NAME OF FUNERAL DIRECTOR *John C. Kelly*
ADDRESS *286 Meridian St., E. B.*

Received and filed *AUG 17 1954*, 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *white* 10 SINGLE (write the word) *MARRIED*
MARRIED WIDOWED or DIVORCED *Married*

10a If married, widowed or divorced HUSBAND of *Helen B. Leonard*
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *73* Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: *Retired Engineer*
(Kind of work done during most of working life)

14 Industry or Business: *Terry Dept. Co. of B.*

15 Social Security No. *none*

16 BIRTHPLACE (City) *East Boston*
(State or country) *Mass.*

17 NAME OF FATHER *Patrick Casey*

18 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

19 MAIDEN NAME OF MOTHER *Hanora Malvey*

20 BIRTHPLACE OF MOTHER (City) *Ireland*
(State or country)

21 Informant *Mrs. Helen B. Casey*
(Address) *408 Summer St., E. B.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter J. Baker
(Signature of Agent of Board of Health or other Health Officer) *8/17/54*
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition)

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

August 9, 1918
June 16, 1919
Ensign
U. S. N. R. F
Unknown
V. A. X C 1785019

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

176

No. 136 Pauline Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Sarah P (Smith) Grose

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

136 Pauline Street

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 33 years months days. In place of residence 33 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 4 1954 to Aug. 15 1954

I last saw her alive on Aug. 14 1954 death is said to

have occurred on the date stated above, at 5 A. m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage about 9 days

ANTE CEDENT CAUSES

Due To

(b)

Arterio Sclerosis 12 years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: None

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sarah P. Grose

(Address) Winthrop Mass Date Aug. 16 1954

6 Limebrook Ipswich Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Aug. 17 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Grose

ADDRESS Winthrop Mass

Received and filed AUG 17 1954 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

Female White

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Seymour K Grose

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 8 Months 22 Days

If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Taunton
(State or country) Mass.

17 NAME OF FATHER Charles W Smith

18 BIRTHPLACE OF FATHER (City) Taunton
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarepta Perry

20 BIRTHPLACE OF MOTHER (City) Taunton
(State or country) Mass.21 Informant Seymour K Grose
(Address) 136 Pauline St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/17/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

CERTIFICATE

DEATH

enter
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disease or
sing death.

50M-3-53-909098

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Mary Noceti (Fopiano.)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 117 Hermon St.
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

177

PHYSICIAN — IMPORTANT

(Was deceased a No.
U. S. War Veteran,
if so specify WAR)

Length of stay: In place of death..... years..... months 2 days. In place of residence. 38 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 19 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 18 1954 to Aug 19 1954

I last saw her alive on Aug 19 1954, death is said to

have occurred on the date stated above, at 11:50 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) cerebral

hemorrhage

ANTECEDENT CAUSES Due To arteriosclerosis

generalized

Due To hypertension

essential

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus

mid

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph S. Fopiano M. D.
(Address) 174 Washington St. Boston 8-20 19546 1st. Calvary Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 21, 1954 19

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed AUG 23 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Louis Noceti
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Giovanni Fopiano

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Louise Leverone

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Alfonse Fopiano
(Address) 184 Hermon St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)(Official Designation) 8/20/54
(Date of Issue of Permit)To be filed for burial permit
with Board of Health
or its Agent.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk County
Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

178

No.

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Julia A. Logan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 111 Trenton
(Usual place of abode)St. E. Boston, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 74 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 23 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 15 1954, to Aug 29 1954I last saw her alive on Aug 29 1954 death is said to
have occurred on the date stated above, at 6:45 m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) UREMIAINTERVAL BE-
TWEEN ONSET
AND DEATH
1 weekANTECEDENT CAUSES
(b) Congenital
Heart DiseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Cholesterol

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis E. Parker M. D.
(Address) 726 Saratoga St., E. Boston Date Aug 23 19546 Place of Burial or Cremation
Woodlawn Cem. Everett, Mass.
DATE OF BURIAL August 26 19547 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 726 Saratoga St., E. Boston

Received and filed AUG 25 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W. 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months 28 Days If under 24 hours
Hours Minutes13 Usual Occupation: school-teacher (retired)
(Kind of work done during most of working life)

14 Industry or Business: Boston Pub. schools

15 Social Security No.

16 BIRTHPLACE (City) St. John
(State or country) New Brunswick, Can.

17 NAME OF FATHER John M. Logan

18 BIRTHPLACE OF FATHER (City) St. John
(State or country) New Brunswick, Can.

19 MAIDEN NAME OF MOTHER Julia Flagg

20 BIRTHPLACE OF MOTHER (City) Grand Manan
(State or country) Canada21 Informant Cora Hargrave (sister)
(Address) 124 Lexington St. E. B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Parker
(Signature of Agent of Board of Health or other)(Official Designation) 8/25/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons, as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(11)-10-48-24658

PLACE OF DEATH

Essex

(County)

Beverly

(City or Town)

Beverly Hospital

No.

The Commonwealth of Massachusetts


 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

Beverly

(City or town making return)

Registered No.

27979

 (If death occurred in a hospital or institution,
 St. { give its NAME instead of street and number)

 2 FULL NAME **Mildred Ethel Bennett**
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (Was deceased a
 U. S. War Veteran, No
 if so, specify WAR)

19 George St.

Winthrop, Mass.

 (a) Residence. No.
 (Usual place of abode)

St. (If nonresident, give city or town and State)

 Length of stay: In place of death ☒ years ☒ months ☒ days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH **August 24, 1954**
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY that I have investigated the death
 of the person above-named and that the CAUSE AND MANNER thereof
 are as follows: (If an injury was involved, state fully.)

Coronary Occlusion
Sudden Death

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

 Where did
 Injury occur?.....
 (City or town and State)

 Did injury occur in or about home, on farm, in industrial place, or in public
 place?.....
 (Specify type of place)

 Manner of
 Injury.....
 (How did injury occur?)

Nature of Injury.....

While at work?..... Was autopsy performed? **No**6 Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

 (Signed) **Whitman G. Stickney** M. D.
 (Address) **Beverly, Mass.** Date **8/24** 19 **54**

 7 **Woodlawn Crematory** **Everett**
 Place of ~~XXXX~~ or Cremation (City or Town)
DATE OF BURIAL **August 27** 19 **54**8 NAME OF FUNERAL DIRECTOR **Reynolds Funeral Home**ADDRESS **Winthrop, Mass.**

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 9 SEX **F** 10 COLOR OR RACE **W** 11 SINGLE (write the word)
 MARRIED **Widowed**
 WIDOWED
 or DIVORCED

11a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

Charles H. Bennett
 (or) WIFE of.....
 (Husband's name in full)

12 IF STILLBORN, enter that fact here.

 13 **66** **7** **6** If under 24 hours
 AGE.....Years.....Months.....Days.....Hours.....Minutes

 14 Usual Occupation: **Housewife**
 (Kind of work done during most of working life)

 15 Industry or Business: **At Home**
None
16 Social Security No. **Boston**17 BIRTHPLACE (City) **Mass.**
(State or country)18 NAME OF FATHER **Hugh Evans**
 19 BIRTHPLACE OF FATHER (City) **Wales**
 (State or country) **England**
20 MAIDEN NAME OF MOTHER **Susan Wilder**
 21 BIRTHPLACE OF MOTHER (City) **Hingham**
 (State or country) **Mass.**

 22 Informant **Herbert Bennett**
 (Address) **376 Warren St., Needham, Mass.**

A TRUE COPY.

 ATTEST: **Bennett**
 (Registrar of City or Town where death occurred)
Aug. 25, 1954

DATE FILED.....19.....



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6871

180

No. New England Baptist Hqpt.

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Sanders

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Hawthorne Ave.

(Usual place of abode)

St. Wintthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1.....months.....12.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

Aug. 9/54

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 28 19 54 to August 9 1954

I last saw him alive on August 9/54 death is said to

have occurred on the date stated above, at 12:50 PM.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Cerebral thrombosis 15 M.

ANTECEDENT CAUSES

Due To (c)

left posterior inferior cerebellar artery

Arterio sclerosis

OTHER SIGNIFICANT CONDITIONS

Hypostatic pneumonia 15 Days

Major findings: Of operations.....

Date of operation.....Was autopsy performed?

No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation

DATE OF BURIAL

August 10/54

7 NAME OF FUNERAL DIRECTOR

E L Levine

ADDRESS

Brookline Mass.

Received and filed

SEP 20 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Rose Iserow

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 64

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

(Kind of work done during most of working life)

14 Industry or Business:

Butcher

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

Poland

17 NAME OF FATHER

Abraham Sanders

18 BIRTHPLACE OF FATHER (City) (State or country)

Poland

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) (State or country)

Poland

21 Informant (Address)

Mrs Rose Sanders

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 12/54

19

RECEIVED



SEP 20

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909088

PLACE OF DEATH

**SUFFOLK
BOSTON**

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. **7228181**

No. **Beth Israel Hospital**

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Female Larsen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

147 Revere St

(Usual place of abode)

St.

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **2** days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Aug 22, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from **Aug 20, 1954, to Aug 22, 1954**

I last saw h.....er.....alive on **Aug 22, 1954** death is said to have occurred on the date stated above, at **6:55 p.m.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Prematurity**

INTERVAL BETWEEN ONSET AND DEATH **2 das**

ANTE CEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation..... Was autopsy performed? **no**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **N G Levinsky** M. D.
(Address) **300 Brookline Ave** date **8/22, 1954**

6 **Woodlawn Cem Everett Mass**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug 24, 1954**

7 NAME OF FUNERAL DIRECTOR **J S Waterman & Sons Inc**

ADDRESS **Boston Mass**

Received and filed **SEP 8 1954**.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED **Single**

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days **2** If under 24 hours Hours.....Minutes

13 Usual Occupation:..... (Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) **Boston Mass**
(State or country)

17 NAME OF FATHER **Morten L Larsen Jr**

18 BIRTHPLACE OF FATHER (City) **Winthrop Mass**
(State or country)

19 MAIDEN NAME OF MOTHER **Joan Cataldo**

20 BIRTHPLACE OF MOTHER (City) **Winthrop Mass**
(State or country)

21 Informant **Father**
(Address)

ATTEST **Charles J. Inack**
(Registrar of City or Town where death occurred)

DATE FILED **Aug 25, 1954**

RECEIVED



OCT-3 AM

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

No. 529 Main St

2 FULL NAME

Rachel Davis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

21 Nevada St

(Usual place of abode)

St.

Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Aug 23, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Rheumatic heart disease with
mitral stenosis. Acute
congestive heart failure

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury

(How did injury occur?)

Nature of Injury

While at work?.....Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) M A Luongo M. D.
(Address) 25 Shattuck St Date 8/23 19 54

7 Hand in Hand Cem Boston Mass

Place of Burial, or Cremation.

Aug 25 54

DATE OF BURIAL.....19.....

8 NAME OF

FUNERAL DIRECTOR

B F Solomon

ADDRESS

Brookline Mass

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No.

7288

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

12

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Female

10 COLOR OR RACE

White

11 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 58

AGE.....

Years.....

Months.....

Days.....

If under 24 hours

Hours.....Minutes

14 Usual

Occupation:

Chocolate Dipper

(Kind of work done during most of working life)

15 Industry

or Business:

Candy Factory

012-07-1115

16 Social Security No.

Boston Mass

17 BIRTHPLACE (City)

(State or country)

18 NAME OF FATHER

Samuel Davis

19 BIRTHPLACE OF FATHER (City)

(State or country)

New York N Y

20 MAIDEN NAME OF MOTHER

Hannah Bronkhurst

21 BIRTHPLACE OF MOTHER (City)

(State or country)

England

22

Informant

(Address)

Harold C Davis

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Aug 26 19 54

RECEIVED



OCT-3 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
as, asthenia,
and the disease,
indications which
ath.id conditions,
ing rise to the
se (a) stating
rly causeitions contrib-
e death but not
the disease or
causing death.

50M-3-53-909098

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No.

217 Pleasant

2 FULL NAME

Mary Lita Jacobs Ne (Deceased)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

217 Pleasant

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

SEPT

1

1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

OCT

1952

to SEPT 1

1954

I last saw her alive on AUG 31 1954, death is said to

have occurred on the date stated above, at 125 A

INTERVAL
BETWEEN
ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) ACUTE CORONARY OCCLUSION

15 MIN.

ANTE
CEDENT
CAUSES

Due To

(b) RHEUMATIC & ARTERIO-

SCLEROTIC HEART DISEASE

18 YRS

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

NONE

Major findings:

NONE

Of operations

Date of operation Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Myron H. King M. D.

(Address) 222 PLEASANT ST. WINTHROP SEPT 1 1954

6

Place of Burial or Cremation

Malden

DATE OF BURIAL

Sept 3

1954

7 NAME OF

FUNERAL DIRECTOR

Ernest P. Capriano

ADDRESS

1410 Winthrop St. Winthrop

Received and filed

SEP 2

1954

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

183

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)}

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John B Jacobs
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

64

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

James Dean

18 BIRTHPLACE OF

FATHER (City)

Swinburn Falls

(State or country)

Maine

19 MAIDEN NAME

OF MOTHER

Mary Anderson

20 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

21

Informant

(Address)

John B Jacobs
217 Pleasant St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V. L. W.

EXTRACTS
FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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than one
for each
(b) and (c)

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ns the disease,
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id conditions,
ng rise to the
(a) stating
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tions contrib-
death but not
he disease or
using death.

50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 10 Harbor View Ave.

2 PULL NAME Edith Mary (Brimsley) Royle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Harbor View Ave.

(Usual place of abode)

Length of stay: In place of death. 42 years.....months.....days. In place of residence. 42 years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 181

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 1 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19..... to..... 19.....

I last saw h..... alive on..... 19....., death is said to

have occurred on the date stated above, at..... 7 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CORONARY Occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Arteriosclerotic Heart
DiseaseDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations. None

Date of operation. None Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Eugene P. Walker M. D.

(Address) Winthrop, Mass. Date Sept 2 1954

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 4 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed. SEP 8 1954 19.....

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of Matthias Royle

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 1 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Staffordshire
(State or country) England

17 NAME OF FATHER Harry Brimsley

18 BIRTHPLACE OF FATHER (City) Staffordshire
(State or country) England

19 MAIDEN NAME OF MOTHER Edith Tidswell

20 BIRTHPLACE OF MOTHER (City) Staffordshire
(State or country) England21 Informant Matthias Royle
(Address) 10 Harbor View AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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CERTIFICATEiving
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using death.

PLACE OF DEATH

Suffolk
(County)WINTHROP
(City or Town)

No. 9 CORAL AVE

2 FULL NAME REVEREND HIRSH MORSE
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 9 CORAL AVE
(Usual place of abode)St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NOSt. WINTHROP
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 4 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 2 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 24 1951 to Sept 2 1954

I last saw him alive on 8/14 1954 death is said to

have occurred on the date stated above, at 1230A m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Rheumat

RHEUMATIC HEART

DISEASE WITH MITRAL 2

ANTE Due To CEDENT (b) STENOSIS AND

CAUSES CONGESTIVE HEART 3 1/4

Due To FAILURE

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. M. Masters M. D.

(Address) Chelsea Mass Date 9-2-1954

6 POAL ZEDECK CEM- EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL SEPT 2 1954

7 NAME OF FUNERAL DIRECTOR ARON GOLOV

ADDRESS 1662 BERSON ST - B'KLYN C

Received and filed. SEP 2 1954 19.....

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 185

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR OR RACE WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed, or divorced
HUSBAND of DORA HOBBERMAN
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: JEW. CHICKEN SCAFFOLDER
REVEREND (Kind of work done during most of working life)

14 Industry or Business: CHELSEA LIVE POULTRY CO

15 Social Security No. 023-16-9602

16 BIRTHPLACE (City) POLAND
(State or country)

17 NAME OF FATHER ABRAHAM DAVID MORSE

18 BIRTHPLACE OF FATHER (City) POLAND
(State or country)

19 MAIDEN NAME OF MOTHER YEHUDIS (C. B. L.)

20 BIRTHPLACE OF MOTHER (City) POLAND
(State or country)21 Informant LOUIS BARNETT - BRO IN LAW
(Address) 9 CORAL AVE - WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Sept 2/34

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Eunice Burgess Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 339 Winthrop Street
(Usual place of abode)

Length of stay: In place of death..... years..... months 1 days. In place of residence 73 years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
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ing rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 186

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 6 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 1950 to Sept 6 1954

I last saw her alive on Sept 6 1954 death is said to

have occurred on the date stated above, at 2:20 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) cerebral vascular
accidentINTERVAL BE-
TWEEN ONSET
AND DEATH

4 hours

ANTE CEDENT
CAUSESDue To (b) arterial hypertension
arteriosclerosisDue To
(c)OTHER
SIGNIFICANT
CONDITIONScelestomy for ruptured
diverticulitisMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H. B. Greenfield M. D.
(Address) 44 State St. Date Sept 8 1954
Winthrop6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL Sept. 9 1954

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed Sept 8 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 9 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None
Winthrop
16 BIRTHPLACE (City) Mass
(State or country)17 NAME OF
FATHER John W Belcher18 BIRTHPLACE OF
FATHER (City) Winthrop
(State or country) Mass19 MAIDEN NAME
OF MOTHER Helen F Chase20 BIRTHPLACE OF
MOTHER (City) West Dennis
(State or country) Mass21 Informant Herbert Belcher
(Address) 339 Winthrop St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, or no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or by from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 187

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Sargent

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Patrick J. Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, No.
if so specify WAR)

(a) Residence. No. 125 Sargent

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 5..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 7 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 26, 1951, to September 7, 1954I last saw him alive on September 7, 1954, death is said to
have occurred on the date stated above, at 6:02 PM

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cancer of Rectum

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J. Collins M. D.
(Address) 3 Bennington Revere Date Sept. 8, 1954

6 St. Paul Arlington

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Sept. 10, 1954

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed 9-9-54

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Agnes J. Malloy
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 1 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired - Clerk
(Kind of work done during most of working life)14 Industry
or Business: RAIL ROAD

15 Social Security No. none

16 BIRTHPLACE (City) Cambridge Mass.
(State or country)

17 NAME OF FATHER Daniel Brown

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Keane

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Agnes J. Brown
(Address) 125 Sargent St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. 81 Pleasant Street,

STANDARD
CERTIFICATE OF DEATH

Registered No. 188

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia May Paine (nee Mac Donald)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 81 Pleasant Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 52 16 years months days. In place of residence. 44 52 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 12 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. alive on 19 death is said to

have occurred on the date stated above, at 4:55 P.M.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Death is due pre-
sumably to naturalINTERVAL BE-
TWEEN ONSET
AND DEATH

1 Hour

ANTE Due To
CEDENT (b) causes.
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles L. Libby, Public Health
(Signed) Winthrop, Mass. Date 9/12/1954
(Address)6 Winthrop Cemetery Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 16 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed. SEP 14 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED10a If married, widowed, or divorced
HUSBAND of.

(Give maiden name of wife in full)

(or) WIFE of Alfred J. Paine

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 2 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Christ. Sci. Practitioner
(Kind of work done during most of working life)

14 Industry or Business: Christian Science Church

15 Social Security No. None

16 BIRTHPLACE (City) Prince Edward Island
(State or country) Canada

17 NAME OF FATHER John Mac Donald

18 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country) Canada

19 MAIDEN NAME OF MOTHER Mary Mac Innis

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country) Canada21 Informant Mrs. Jane M. Jennis (sister)
(Address) Winthrop, 52, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Undertakers or other persons shall bury a human body or the ashes thereof which have been committed into the commonwealth until he has received a permit from the board of health or its agent appointed to issue such permits, or from the clerk of the town where the body is to be buried, or from a person appointed to have the care of the cemetery of which the town is the owner, which the interment is made. — Chap. 114, Sec. 47, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
rlyng causeitions contrib-
e death but not
the disease or
causing death.

50M (B)-1-51 903588

M.S.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 189

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Warren Cudworth Kidder Hall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 95 Bowdoin Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death . years . months 12 Hrs. place of residence 30 years . months . days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 13 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 13 1954 2:15 P.M. to 9/13 1954 12:00 P.M.

I last saw him alive on 9/13 1954, death is said to
have occurred on the date stated above, at 1:10 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) ACUTE CORONARY OCCLUSION 12 hrs.

ANTECEDENT (b) DUE TO ARTERIO-SCLEROTIC HEART
CAUSES DISEASE 1 yr.

Due To (c) NONE

OTHER
SIGNIFICANT
CONDITIONS NONE

Major findings:
Of operations. NONE

Date of operation. NONE Was autopsy performed? No.

What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify
(Signed) Myron N. King, M. D.
(Address) 222 Pleasant St. Winthrop Date 9/14 1954

6 Winthrop Cemetery Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Friday, Sept. 17th 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop Mass.

Received and filed SEP 14 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced
HUSBAND of Alpha Calista Smith
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 4 Months 13 Days
If under 24 hours
Hours Minutes

13 Usual Occupation Clerk, (retired)
(Kind of work done during most of working life)

14 Industry or Business: General Electric Company

15 Social Security No. 027 07 6453 A

16 BIRTHPLACE (City) Bridgeport, Conn.
(State or country)

17 NAME OF FATHER Lauriston Hall

18 BIRTHPLACE OF FATHER (City) Plymouth, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Manning

20 BIRTHPLACE OF MOTHER (City) Nashua, New Hampshire
(State or country)

21 Informant Mrs. Alpha Hall, (wife)
(Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
HO (Signature of Agent of Board of Health or other)
atc Sept 14/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his death, which the clerk or registrar may require.—Chap. 114, Sec. 45, (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons who are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 46, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

Medical examiners or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit from the board of health or its agent appointed to issue such permits, or from such board, from the clerk of the town where the body is to be buried. No funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth P. (Holmes) Hanrahan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 Read Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....6.....days. In place of residence 35.....years.....months.....days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
ications which
th.id conditions,
ing rise to the
se (a) stating
rlyng causeions contrib-
e death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 13, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 19, 1954 to Sept. 13, 1954

I last saw her alive on Sept. 13, 1954 death is said to have occurred on the date stated above, at 1:35 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Toxemia

ANTE Due To atrophic cirrhosis
CEDENT (b) CAUSES of the liverDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations: --

Date of operation: -- Was autopsy performed? --

What test confirmed diagnosis? liver function

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Dorothy Cheney Appleton M. D.
(Address) 197 Woodside Ave Date 9/13 19546 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Thursday Sept 16 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Munn (3EM)

ADDRESS 174 Winthrop St.

Received and filed SEP 14 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 190

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Thomas F. Hanrahan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 7 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Same

15 Social Security No. None

16 BIRTHPLACE (City) Ireland
(State or country) Killarney

17 NAME OF FATHER Able Holmes

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country) Killarney

19 MAIDEN NAME OF MOTHER Rebecca Goldbeck

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mr. Bjartmarz
(Address) son-in-law

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
H.O. Walter E. Baker
(Official Designation) (Date of Issue of Permit) Sept 14 1954

50M-2-49-25666

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH RECEIVED

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where said was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it was engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not diseased by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 191

No. 60 Johnson Avenue, Winthrop

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME Alice Martin (Dixon)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 60 Johnson Avenue, Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 13 years months days. In place of residence 13 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 13 1954.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 1953 to SEPTEMBER 13 1954
I last saw her alive on September 13/54

have occurred on the date stated above, at 11:57 PM

DISEASE OR CAUSE OF DEATH ADENOCARCINOMA

DIRECTLY LEADING TO DEATH (a) Adeno-Carcinoma

of left (LEFT BREAST 2 YRS

ANTECEDENT (b) GENERAL

CAUSES CARCINOMATOSIS 6 mos

Due To
(c)INTERVAL BE-
TWEEN ONSET
AND DEATHOTHER
SIGNIFICANT
CONDITIONSTERMINAL
UREMIA 12 hours

Major findings: CARCINOMA (ADENO) left breast

Date of operation: JAN. 19, 1953 Was autopsy performed? No

What test confirmed diagnosis? CLINICAL + pathological

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 17th 19 54

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed SEP 15 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Clarence A. Martin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 9 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) Yorkshire England
(State or country)

17 NAME OF FATHER Frederick W. Dixon

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Isabel Alexander

20 BIRTHPLACE OF MOTHER (City)
(State or country) England21 Informant Mr. Clarence A. Martin-Hus.
(Address) 60 Johnson Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illness, asthma,
as the disease,
indications which
with.under conditions,
ing rise to the
se (a) stating
lying causeitions contrib-
e death but not
the disease or
causing death.

50M-2.49-25666

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

192

PLACE OF DEATH

Suffolk
(County)1 Winthrop Mass.
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital
St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Anthony Ciampa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 56 Sea View Av. Winthrop, Mass.
(Usual place of abode) 150 minutes (If nonresident, give city or town and State)

Length of stay: In place of death. 150 minutes. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 14, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9-1-54 19 to 9-14-54 19

I last saw him alive on 9-14-54, death is said to

have occurred on the date stated above, at 11:30 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Cerebral hemorrhage

ANTECEDENT (b) Due To Cardiac failure 1 hr.
CAUSESDue To Hypertension 2 yrs.
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. None Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) ~~Joseph Ciampa~~ M. D.

(Address) 327 Commercial St. Winthrop 9-14-54

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Sept 16, 1954

7 NAME OF FUNERAL DIRECTOR J. A. Hengeman

ADDRESS 58 Main St. City

Received and filed SEP 18 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Retired Cafe Owner

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Joseph Ciampa

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Maria Lo-Conte

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant (Address) Maria Lucille Ciampa
56 Sea View Av. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter G. Baker
(Signature of Agent of Board of Health or other)H.O. (Official Designation) Sept. 16/54.
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 46, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or if the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 46, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following practice:

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Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent when the certificate of death is needed.

Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

193

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 193

No. 164 Cottage Park Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Worrall Billecliff
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 164 Cottage Park Rd. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 9 16 54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1945 to Jan 1954
I last saw him alive on Jan 1954, death is said to
have occurred on the date stated above, at 3 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATHANTECEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry A. Billecliff M. D.
(Address) 100 West St. Revere Date 9/17 19546 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 18, 1954 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass.

Received and filed 17 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Mary A. Daly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation foreman
(Kind of work done during most of working life)

14 Industry or Business manufacturing corp.

15 Social Security No. 010-05-1278A

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Thomas Billecliff

18 BIRTHPLACE OF FATHER (City) England
(State or country)19 MAIDEN NAME OF MOTHER Worrall
Elizabethh Worrall20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Isabel Billecliff
(Address) 164 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)H.D.
(Official Designation)9/17/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, and sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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OR
CERTIFICATE

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50M-10-52-908091

PLACE OF DEATH
1

Suffolk

(County)

Winthrop

(City or Town)



EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

191

Registered No.

No. 269 Revere St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion T. Campbell nee Barker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 269 Revere St. St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death. years. months. days. In place of residence 15 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 17, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. alive on 19, death is said to
have occurred on the date stated above, at 9:48 P.M.

DISEASE OR CONDITION Natural Causes
DIRECTLY LEADING Status
TO DEATH (a) Asthmaticus

INTERVAL BETWEEN ONSET AND DEATH

hours

ANTE CEDENT (b) Due To Bronchial Asthma 3 yrs
CAUSES

Due To Chronic Bronchitis 3 yrs
(c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.
Date of operation. Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur C. Murray
(Signed) M. D.
(Address) Winthrop Board of Health Date 18 Sept 1954

6 Place of Burial Winthrop Winthrop
DATE OF BURIAL Sept. 20, 1954 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere, Mass.

Received and filed SEP 20 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Roland Campbell (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation housewife (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No.

16 BIRTHPLACE (City) Malden Mass. (State or country)

17 NAME OF FATHER Albert B. Marden Francis H. Marden

18 BIRTHPLACE OF FATHER (City) Marblehead (State or country) Mass

19 MAIDEN NAME OF MOTHER Catherine Toomey Catherine Murphy

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Roland Campbell (Address) 269 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/20/54 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. **WINTHROP COMM. HOSPITAL**

2 FULL NAME

Annie Mo Laughlin Nee Call

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

104 Highland Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **14** days. In place of residence **30** years.....months.....days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ilure, asthenia,
ans the disease,
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se (a) stating
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e death but not
the disease or
causing death.

50M-5-52-907046

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

195{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)**PHYSICIAN — IMPORTANT**{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH**SEPTEMBER 17, 1954**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAY 10, 1951 to SEPT. 17, 1954I last saw h **2** alive on **SEPT. 17, 1954** death is said tohave occurred on the date stated above, at **9:00 p.m.**

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) **ARTERIOSCLEROTIC
AND HYPERTENSIVE HEART DISEASE**ANTE Due To
CEDENT (b)
CAUSES**GENERALIZED
ARTERIOSCLEROSIS**Due To
(c)OTHER
SIGNIFICANT
CONDITIONS**OSTEOPOROSIS**Major findings:
Of operations.....Date of operation..... **None** Was autopsy performed? **No.**What test confirmed diagnosis? **CLINICAL + LABORATORY**5 Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify.....

(Signed).....

(Address) **625 HIRSH ST. WINTHROP, MAINE**

6

Place of Burial or Cremation

Winthrop Cemetery Winthrop
(City or Town)

DATE OF BURIAL

Sept 21 1954

7 NAME OF

FUNERAL DIRECTOR

Ernest P Caggiano

ADDRESS

147 Winthrop St. Winthrop

Received and filed

SEP 22 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

**MARRIED
WIDOWED
or DIVORCED****Widow**

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

Michael Mo Laughlin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

84

Years

Months

8

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

**Bangor
Maine**17 NAME OF
FATHER**John Call**

18 BIRTHPLACE OF

FATHER (City)

(State or country)

**Bangor
Maine**

19 MAIDEN NAME

OF MOTHER

Elizabeth Sheehan

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

**Bangor
Maine**

21

Informant

(Address)

Mrs. James Mount**104 Highland Ave Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:**Walter L. Baker**

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

9/20/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died, by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

Undertakers or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably from injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

I R-301

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using death.

50M-(A)-11-51-905807

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 18, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
OCT. 9, 1951, to SEPT. 18, 1954.I last saw her alive on SEPT. 18, 1954, death is said to
have occurred on the date stated above, at 2:20 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CHRONIC GLOMERULO-
NEPHRITISANTE CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT CONDITIONS
BRONCHOPNEUMONIA
PERICARDITISMajor findings:
Of operations: NONE

Date of operation: — Was autopsy performed? YES.

What test confirmed diagnosis? AUTOPSY - CLINICAL + LAB.

5 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) Maurice W. Ruby, M. D.
(Address) 562 HIRLEY ST. WINTHROP, SEPT. 18, 19546 Place of Burial or Cremation
(City or Town)

DATE OF BURIAL Sept 21, 1954

7 NAME OF FUNERAL DIRECTOR Maurice W. Ruby

ADDRESS WINTHROP

Received and filed. SEP 22, 1954 19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

196

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 41 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City). Malden Mass
(State or country)

17 NAME OF FATHER John. Bourke

18 BIRTHPLACE OF FATHER (City). Chelsea
(State or country) Mass

19 MAIDEN NAME OF MOTHER Elizabeth Cunin

20 BIRTHPLACE OF MOTHER (City). Malden
(State or country)

21 Informant (Address) James Barry 95 Main St WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

9/20/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been hurried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall hurry a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be hurried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301

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50M-(A)-11-51-905807

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 57 Beacon Street

2 FULL NAME Gunnar Verner Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 57 Beacon Street
(Usual place of abode)

Length of stay: In place of death 34 years months days. In place of residence 39 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 197

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPTEMBER 18 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 23 1950 SEPTEMBER 18/54

I last saw him alive on SEPT. 18, 1954 death is said to

have occurred on the date stated above, at 7:45 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

CARCINOMA

OF PROSTATE GLAND 1 year

ANTE Due To
CEDENT (b)
CAUSES

GENERAL

CARCINOMATOSIS 6 mos

Due To Diabetes Mellitus 2 yrs

UREMIA 2 days

OTHER
SIGNIFICANT
CONDITIONS

Major findings CARCINOMA of PROSTATE

Of operation JAN. 1954 Was autopsy performed? NO

Date of operation CLINICAL & PAT/10/09/54

What test confirmed diagnosis

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Jack J. Abrams M. D.

(Address) 62 SHURLEY ST Winthrop Date 9/21/54

6 Winthrop (City or Town)

Place of Burial or Cremation

DATE OF BURIAL Sept 22 1954

7 NAME OF FUNERAL DIRECTOR Edward Cronin

ADDRESS 57 Beacon St. Winthrop

Received and filed 9-21-54 19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Anna L Sander
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 3 14
Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Engineer
(Kind of work done during most of working life)

14 Industry or Business Hoisting

15 Social Security No. 025-05-5099

16 BIRTHPLACE (City) Kalmer
(State or country) Sweden17 NAME OF FATHER Johannes Johnson
Unable to obtain18 BIRTHPLACE OF FATHER (City) Kalmer
(State or country) Sweden

19 MAIDEN NAME OF MOTHER Martha Peterson

20 BIRTHPLACE OF MOTHER (City) Kalmer
(State or country) Sweden21 Informant Anna L Johnson
(Address) 57 Beacon St. Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 9-21-54

11-1

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

REVERE

(City of town making return)

Registered No.

198

No. Restview Rest Home

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Gorman (Jacobs)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 468 Pleasant St.
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years 5.....months.....days. In place of residence. 1 years 1 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 19 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 10 1950 to September 19 1954

I last saw her alive on September 19 1954, death is said to
have occurred on the date stated above, at 4:45 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Bronchial Pneumonia

INTERVAL BETWEEN ONSET
AND DEATH

3
Dys.

ANTECEDENT CAUSES

Due To Gen. Arteriosclerosis

Due To Senility

OTHER SIGNIFICANT CONDITIONS

Left Hemiplegia
Cerebral Hemorrhage

1952
1952

Major findings:

Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? Clinical Observation

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Harold Mirerave M. D.
(Address) 520 Beach Street Revere Date 9/20/ 1954

6 Cambridge Catholic Cemetery Cambridge
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 21 1954

7 NAME OF FUNERAL DIRECTOR E. E. Burns & Son
ADDRESS 572 Pleasant St., Malden

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of Edward J. Gorman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

82

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF

FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21 Informant

(Address)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

September 21, 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50m-(e)-10-48-24658

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Chelsea

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 456 199

No. Soldiers' Home

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Herman Gordon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

WWI

(a) Residence. No. 39 Neptune Ave.,
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 5 months 26 days. In place of residence 0 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 20, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Mar. 24 1954 to Sept. 20 1954

I last saw him alive on Sept. 20 1954 death is said to

have occurred on the date stated above, at 11:50 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Lymphatic leukemia.

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To
CEDENT (b)
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? no

What test confirmed diagnosis? (Complete blood count - bone marrow)

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anibal Olave M. D.

(Address) Soldiers' Home Date 9/20/54

6 Tifereth Israel, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 21, 1954 19

7 NAME OF FUNERAL DIRECTOR Aaron Golov
1668 Beacon St., Brookline, Mass.

ADDRESS OCT 1 1954
Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Ada Bloomfield

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 3 Months 4 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Salesman
(Kind of work done during most of working life)

14 Industry or Business: Wennett-Gordon Mfg. Co.

15 Social Security No. 033-16-8640

16 BIRTHPLACE (City)
(State or country) New York

17 NAME OF FATHER Philip

18 BIRTHPLACE OF FATHER (City)
(State or country) Poland

19 MAIDEN NAME OF MOTHER Anna Freedman

20 BIRTHPLACE OF MOTHER (City)
(State or country) Poland

21 Informant Hospital Records
(Address) Soldiers' Home Chelsea

A TRUE COPY.

ATTEST: Joseph A. Ferrell
(Registrar of City or Town where death occurred)

DATE FILED Sept. 20, 1954 19

RECEIVED



OCT 11 AM

Enlisted June 21, 1918
Discharged Feb. 14, 1919
Landsman Electrician (G) USN
161-36-33

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 200

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No.

45 PEBBLE AVE

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

MARGARET L. O'CONNOR

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

(a) Residence. No.

45 PEBBLE AVE

St. WINTHROP 52, MASS

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHSEPTEMBER 20 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JANUARY 10 19 48 to SEPT. 20 1954I last saw hu alive on SEPTEMBER 20 1954

have occurred on the date stated above, at 11 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

CEREBRAL
HEMORRHAGEINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE Due to
CEDENT (b)
CAUSESCEREBRAL
ARTERIOSCLEROSIS

3 mos.

Due to

GENERALIZED
ARTERIOSCLEROSIS

1 year

OTHER SIGNIFICANT
CONDITIONSCHRONIC Glomerular
nephritis

3 yrs.

Major findings:

Of operations.

none

Date of operation.

none

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL & LAB.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jacob J. Abrams
562 SHIRLEY ST
WINTHROP 52

6 PLACE OF BURIAL or CREMATION

BOSTON City or Town

DATE OF BURIAL

SEPT 23

1954

7 NAME OF
FUNERAL DIRECTOR

Anna E. Mulry

ADDRESS

2 KING ST DORCHESTER

Received and filed

SEP 20 1954

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR OR RACE

WHITE

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

WIDOW

10a If married, widowed or divorced

HUSBAND of

MARGARET HEFFERNAN
(Give maiden name of wife in full)

(or) WIFE of

PATRICK J O'CONNOR
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 85

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

HOUSEWIFE
(Kind of work done during most of working life)

14 Industry

or Business:

OWN HOME

15 Social Security No.

NONE

16 BIRTHPLACE (City)

(State or country)

BOSTON

17 NAME OF

FATHER

DANIEL J HEFFERNAN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

IRELAND

19 MAIDEN NAME

OF MOTHER

JULIA MURPHY

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

IRELAND

(daughter)

21

Informant

(Address)

HELEN O'CONNOR
45 PEBBLE AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

9/20/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
ans the disease,
ications which
ath.id conditions.
ving rise to the
se (a) stating
rlying causeitions contrib-
e death but not
the disease or
causing death.

SOM-2-49-25666

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH..... SEPT 22 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
FEB 1952 to SEPT 22 1954

I last saw h ER alive on SEPT 22 1954 death is said to

have occurred on the date stated above, at 5:00 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) GENERAL CARCINOMATOSISINTERVAL BE-
TWEEN ONSET
AND DEATH

3 mo.

ANTECEDENT CAUSES Due To (b) ADENOCARCINOMA LEFT
BREAST

2 yrs.

Due To
(c)OTHER SIGNIFICANT
CONDITIONS CHRONIC INTERSTITIAL
CYSTITIS.

3 yrs.

Major findings: ADENOCARCINOMA LEFT BREAST + NODES
Of operations

Date of operation: 10/6/52 Was autopsy performed? No.

What test confirmed diagnosis? PATHOLOGICAL SMEAR.

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation: Winthrop (City or Town)

DATE OF BURIAL

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 201

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 34 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Sec. (Kind of work done during most of working life)

14 Industry or Business: Bank

15 Social Security No.

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Daniel M'Carthy

18 BIRTHPLACE OF FATHER (City) Saint Louis
(State or country) Mo

19 MAIDEN NAME OF MOTHER Mary M'Connell

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant (Address) Margaret M'Carthy
91 Lowell Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/27/54

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatic injury (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk
(County)

Winthrop
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. 202

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Annie Tuite (Hearty)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 71 Quincy Avenue Winthrop
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 3 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 27 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 1 1954 to Sept 27 1954

I last saw her alive on September 27 1954 death is said to
have occurred on the date stated above, at 9:10 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute Pulmonary
edema.

ANTECEDENT CAUSES Due To Chronic Myocarditis
(b)

Due To Arterio-sclerosis
(c)

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 Day

1 yr

3 yrs

OTHER SIGNIFICANT
CONDITIONS none

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? ho

5 Was disease or injury in any way related to occupation of deceased? ho

If so, specify

(Signed) J. H. SCHMIDT M. D.
(Address) 19 Beacon St Boston Date 9/28 1954

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 30 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St East Boston

Received and filed. SEP 28 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Tuite
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 4 Months 2 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) Tuscarora
(State or country) Pennsylvania

17 NAME OF FATHER Patrick Hearty

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Burns

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mrs. Irene Diaz daughter
(Address) 71 Quincy Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 9/28/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

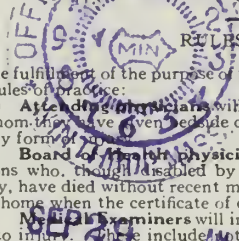
No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 45, G. L. (Tercentenary Edition).



RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

203

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ethel Frances Dean
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 20 Sargent Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 hour days. In place of residence 63 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 29, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 29, 1954 to Sept 29 1954I last saw h..... alive on Sept 29 1954 death is said to
have occurred on the date stated above, at 7.10PM m.DISEASE OR CONDITION Natural Causes
DIRECTLY LEADING TO DEATH (a) Coronary ThrombosisINTERVAL BETWEEN ONSET
AND DEATH
3HrsANTE CEDENT CAUSES Due To (b) Generalized
Arteriosclerosis

Years 5

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: NONE
Of operations.

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Dr. F. C. ... M. D.
(Address) ... Date 29 SEP 19546 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 2, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St.

Received and filed. OCT 1 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Single
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 2 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. no

16 BIRTHPLACE (City) Chelsea Mass.
(State or country)

17 NAME OF FATHER Alvan Hall Dean

18 BIRTHPLACE OF FATHER (City) Medford
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sarah Webber

20 BIRTHPLACE OF MOTHER (City) Hollowell
(State or country) Maine21 Informant Miss Gladys A. Dean
(Address) 20 Sargent St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)A.O. after Oct 1, 1954.
(Official Designation) (Date of Issue of Permit)

50M (B) 1-51 903586

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the inanner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been buried in the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 49 G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who were not affected by recognized disease unrelated to any form of injury, have died without medical attendance or whose physician is absent from home when the pronouncement of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including consulting siccemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

204

No. 105 Johnson Avenue, Winthrop

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Thomas A. White

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

WW 2

(a) Residence. No. 105 Johnson Avenue, Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 30 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 28 1954 to Sept. 30 1954

I last saw him alive on Sept 30, 1954 death is said to

have occurred on the date stated above, at 5:59 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary Thrombosis Sudden

ANTE CEDENT
CAUSES

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation none Was autopsy performed? No

What test confirmed diagnosis? Clinical Signs

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Winthrop

Date

Sept 20, 1954

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL October 4th

19 54

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

917 Bennington St., E. Boston

Received and filed

OCT 1 1954

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Margery Westcott

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 48 Years 4 Months 19 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Attorney

(Kind of work done during most of working life)

14 Industry

or Business:

Employers Group

15 Social Security No.

015-07-8959

16 BIRTHPLACE (City)

Waltham, Mass.

(State or country)

17 NAME OF

FATHER

John P. White

18 BIRTHPLACE OF

FATHER (City)

Lincoln

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Mary G. Harvey

20 BIRTHPLACE OF

MOTHER (City)

Waltham

(State or country)

Mass.

21

Informant

(Address)

Mrs. Margery White-wife

105 Johnson Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION WW 2
DATE OF ENTERING MILITARY SERVICE Dec. 1942
DATE OF DISCHARGE In reserves at time of death
RANK, RATING Lt. Com.
ORGANIZATION AND OUTFIT U.S.N.R.
SERVICE NUMBER 210024

54 7056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

54 7056

BIRTH NO.			2. DATE OF DEATH August 20, 1954		
1. NAME OF DECEASED (Type or Print) Gerard CAFFEY			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE Massachusetts B. COUNTY Winthrop		
3. PLACE OF DEATH: A. Baltimore City, Maryland			CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winthrop		
B. FULL NAME OF (If not in hospital or institution, give street address of) HOSPITAL OR INSTITUTION U.S. Public Health Service Hospital Baltimore 11, Maryland			D. STREET ADDRESS (If rural, give location) 158 Highland Avenue		
c Length of stay in Baltimore 2 Mos. 13 Days			8. DATE OF BIRTH 7-11-05		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	9. AGE (In years, last birthday) 49		10. Under 1 year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10B. KIND OF BUSINESS OR INDUSTRY Shipping	11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Caffrey			14. MOTHER'S MAIDEN NAME Margaret A. Buckley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Records, USPHS Hospital, Baltimore 11, Md.		

MEDICAL CERTIFICATION

18. 161X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, anasthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Larynx (A) DUE TO			19. CAUSE OF DEATH Carcinoma of the Larynx		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Frost-hypothermia					
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. ALTOPS
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact address) INJURY OCCUR?		
21D. TIME (Month, Day, Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that (I) (this hospital) attended the deceased from June 7th, 1954 to August 20th, 1954 , that KX (we) last saw the deceased alive on August 20th and that death occurred at 10:15 P m. , from the causes and on the date stated above					
22A. SIGNATURE William S. Dunford		22B. ADDRESS USPHS Hospital, Baltimore 11, Md.		22C. DATE SIGNED August 20, 1954	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8-21-54	24C. NAME OF CEMETERY OR CREMATORY Winthrop Green Burial	24D. LOCATION (City, town, or village) (State) Winthrop, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR UG 22 1954	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook		ADDRESS 1000 Park St.	

W. A. Thayer

RECEIVED



NOV 1

AR

PLACE OF DEATH

Barnstable

(County)

Barnstable

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Barnstable

(City or town making return)

Registered No.

205 206

No. (Hyannis) Cape Cod Hospital

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis A. Beale, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

Loring Road

St.

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

4

6 hrs.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 2 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE and MANNER thereof are as follows: (If an injury was involved, state fully.)

Injured in auto accident 8-28-54

Expired at C.C.Hosp. from laceration

of right kidney, renal failure,

uremia and multiple injuries

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury 1:30AM 8-28 1954

Where did injury occur? Mashpee, Mass.

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public Highway

(Specify type of place)

Manner of injury Automobile Accident

(How did injury occur?)

Nature of injury Multiple injuries with renal failure

While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Joseph T. Boyle M. D.

(Address) Barnstable, Mass. Date 9-2 1954

7 Winthrop Cem. Winthrop, Mass.

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Sept. 7 1954

8 NAME OF FUNERAL DIRECTOR Daniel E. O'Brien

ADDRESS 907 Mass. Ave., Cambridge

Received and filed. 091 13 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE white 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 19 AGE Years Months Days If under 24 hours
Hours Minutes

14 Usual Occupation: Chauffeur

(Kind of work done during most of working life)

15 Industry or Business: Morris Express

16 Social Security No. Everett, Mass.

17 BIRTHPLACE (City)
(State or country)

18 NAME OF FATHER Francis A. Beale

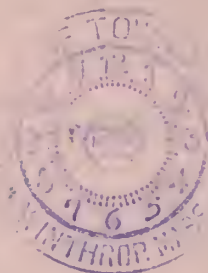
19 BIRTHPLACE OF FATHER (City) (East) Boston
(State or country) Mass.20 MAIDEN NAME Anna L. McDonald
OF MOTHER21 BIRTHPLACE OF MOTHER Charlestown, Mass.
(City) (State or country)22 Informant Francis A. Beale
(Address) 25 Loring Rd., Winthrop, Mass.

A TRUE COPY.

ATTEST: Edward W. Sears
(Registrar of City or Town where death occurred)

DATE FILED October 1 1954

RECEIVED



OCT 15 AM

**SUFFOLK
BOSTON**



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 7567 207

PLACE OF DEATH

No. Beth Israel Hosp

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME Frances Freedman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 203 Shore Drive
(Usual place of abode)

St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sep 4, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sep 4, 19 54, to Sep 4, 19 54.

I last saw h. er alive on Sep 4, 54, death is said to

have occurred on the date stated above, at 2:15 a. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Acute myocardial

infarct

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 day

ANTE Cedent Due To Coronary artery
CAUSES (b) heart disease

unk

Due To
(c) JURISDICTION DECLINED
BY MEDICAL EXAMINER

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations.

Date of operation. Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify I. G. Wool
(Signed) M. D.
(Address) Beth Israel Hosp Date 9/4, 1954

6 Hand in Hand Cem Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sep 5, 19 54

7 NAME OF FUNERAL DIRECTOR B. F. Solomon
ADDRESS Brookline Mass

Received and filed. Sep 18, 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Benjamin D. Freedman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. --

16 BIRTHPLACE (City) Boston Mass
(State or country)

17 NAME OF FATHER Joseph Rose

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Gertrude Osoroff

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant Bertram Freedman
(Address)

A TRUE COPY Charles A. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sep 8, 19 54

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

M.S.

V.B.V.

RECEIVED



OCT 13 AM

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston 208

(City or town making return)

7622

Registered No.

No. VAH West Roxbury Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Roy L. Greenall (If deceased was a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 79 Woodside Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death.....years.....months 7.....days. In place of residence 27.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 6/54
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Sept. 6 1954
to Sept. 6 1954I last saw him alive on Sept. 5/54 1954, death is said tohave occurred on the date stated above, at 7:30 A m.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of esophaguswith widespread pulmonary metastasesANTECEDENT CAUSES (b) 3 Mos.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) J A Harley M. D.
(Address) VAH West Roxbury Date 9-6-546 Place of Burial or Cremation Winthrop Cem-Winthrop Mass. (City or Town)DATE OF BURIAL Sept. 9/54 19547 NAME OF FUNERAL DIRECTOR Kirby Funeral HomeADDRESS East Boston Mass.Received and filed Sept 18 1954 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) Married
MARRIED
WIDOWED
OR DIVORCED10a If married, widowed, or divorced HUSBAND of Mary E. McMillan
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 3 Months 12 Days If under 24 hoursHours.....Minutes13 Usual Occupation: New Eng. Tel & Tel.
(Kind of work done during most of working life)14 Industry or Business: Telephone15 Social Security No. 011-05-129816 BIRTHPLACE (City) East Boston Mass.
(State or country)17 NAME OF FATHER Alfred Greenall18 BIRTHPLACE OF FATHER (City) England
(State or country)19 MAIDEN NAME OF MOTHER Annie M Lister20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant (Address) Wife

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 8/54 1954

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



OCT 18 . 1911

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

7985 209

Registered No.

No. Roslindale General Hospt.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen Dilling

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

364 Winthrop St

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 3 days. In place of residence..... 5 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept. 16/54

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 14 19 54, to Sept. 16 19 54

I last saw her alive on Sept. 15/54, death is said to

have occurred on the date stated above, at 8:30 PM.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Hypertensive
cardiac vascular diseaseANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSSubarachnoid hemorrh.
non-traumaticMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M Jancalco Jr.

221 Hanover St Boston Date 9-16 19 54

6 Winthrop Cem-Winthrop Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Sept. 20/54

7 NAME OF
FUNERAL DIRECTOR

H S Reynolds

ADDRESS

Winthrop Mass.

Received and filed

11-27

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR OR RACE

W

10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Dilling

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

65

Years

11

Months

12

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry
or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City).
(State or country)

Calais Maine

17 NAME OF
FATHER

Frederick W Knox

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to learn

19 MAIDEN NAME
OF MOTHER

Lydia A Greenlaw

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to learn

21

Informant
(Address)

Mrs Grimes

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

Sept. 21/54

DATE FILED

19

VABV

RECEIVED



OCT 29 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (1-16-50-902253)

PLACE OF DEATH

1

Norfolk

(County)

Wellesley

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Wellesley

(City or town making return)

Registered No. 123 210

No. Wiswall Sanatorium, 203 Grove St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna B. Butler (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 516 Pleasant Street, St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years 8 months 20 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 23, 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1954, to Sept. 23, 1954

I last saw her alive on Sept. 23, 1954 Death is said to have occurred on the date stated above, at 1:25 P.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Br. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES (b) Undetermined Pulmonary Condition

Due To (c)

OTHER SIGNIFICANT CONDITIONS Extreme Emaciation

Major findings: Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hale Powers M. D. (Address) Wellesley Date 9/23, 1954

6 Holy Cross Malden Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 25, 1954

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley Winthrop, Mass. ADDRESS

Received and filed 11-9-54 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: School Teacher (Kind of work done during most of working life)

14 Industry or Business: Public School

15 Social Security No. none

16 BIRTHPLACE (City) East Boston, (State or country) Mass.

17 NAME OF FATHER Mathew F. Butler

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER Margaret Queenan

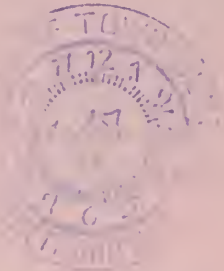
20 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)

21 Informant Mrs. D. Preen (Address) 192 Thatcher St. Milton

A TRUE COPY ATTEST: Mary C. Dineen (Registrar of City or Town where death occurred)

DATE FILED September 28, 1954

RECEIVED



NOV-9 17

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)

Malden Hospt.

No. _____ St. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Malden

(City or town making return)

Registered No. 211

2 FULL NAME Celia Alpert (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)(a) Residence. No. 209 Cliff Ave. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death. _____ years. _____ months. 58 days. In place of residence. 20 years. _____ months. _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 30, 1954 (Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1954, to Sept. 30, 1954.I last saw her alive on Sept. 29, 1954, death is said to have occurred on the date stated above, at 7:45 A. m.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 wks

ANTE CEDENT CAUSES Due To Hypertension (b)

5 yrs.

Due To Unknown (c)OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 5-10yrs.Major findings: none Of operations.Date of operation. none Was autopsy performed?What test confirmed diagnosis? Stethoscope5 Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Harold H. Newlander M. D. (Address) 519 Pleasant St. Date 9/30/546 Sharon Memorial Park Sharon (City or Town)

Place of Burial or Cremation

DATE OF BURIAL October 1, 1954 19547 NAME OF FUNERAL DIRECTOR Hyman J. Torf 1615 Beacon St. Brookline ADDRESSReceived and filed OCT 14 1954 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of _____ (Give maiden name of wife in full)

(or) WIFE of David A. Alpert (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years. _____ Months. _____ Days If under 24 hours _____ Hours. _____ Minutes13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City or State or country) Boston Mass.17 NAME OF FATHER Harry Penn18 BIRTHPLACE OF FATHER (City or State or country) U.S.19 MAIDEN NAME OF MOTHER Betsy Pollay20 BIRTHPLACE OF MOTHER (City or State or country) U.S.21 Saml. L. Brown Informant (Address) 211 Cliff Ave. Winthrop

A TRUE COPY

ATTEST: Raymond H. Brown (Registrar of City or Town where death occurred)DATE FILED Oct. 13, 1954

RECEIVED



OCT 14 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

212

STANDARD
CERTIFICATE OF DEATH

Registered No.

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Patrick H. Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 42 Olney Street
(Usual place of abode)St. Dorchester Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 3, 1954 to Oct 4, 1954I last saw him alive on Oct 4, 1954, death is said to
have occurred on the date stated above, at 8 A. M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Acute Pulmonary Edema

ANTE CEDENT
CAUSES (b)

Chronic Myocarditis

Due To
(c)

Chronic Hypertension

OTHER
SIGNIFICANT
CONDITIONS

None

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Schwartz M. D.
(Address) 19 Princeton St. Date 10/4/546 St. Joseph's Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 6, 1954

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop Mass.

Received and filed 10-6-54 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Julia Loring
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Lawyer
(Kind of work done during most of working life)

14 Industry or Business: Law

15 Social Security No.

16 BIRTHPLACE (City) Dublin
(State or country) Ireland

17 NAME OF FATHER Patrick H. Kelley

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Tarpey

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mabel Mulrey
(Address) 47 Wave Way Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:V. Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10/4/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 213

2 FULL NAME Baby Girl Monteiro
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 208 Saratoga
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 3, 1954, to Oct. 4, 1954

I last saw her alive on Oct. 3, 1954, death is said to

have occurred on the date stated above, at 11:50 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT
CAUSES

Due To

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

6 Place of Burial or Cremation Holy Cross (City or Town)

DATE OF BURIAL October 6, 1954

7 NAME OF FUNERAL DIRECTOR DiPietro & Vazza
ADDRESS 11 Henry St; East Boston

Received and filed. OCT 5 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours
3 Hours.....Minutes13 Usual Occupation.....
(Kind of work done during most of working life)14 Industry
or Business.....

15 Social Security No.....

16 BIRTHPLACE (City) Winthrop Mass.
(State or country)

17 NAME OF FATHER Joseph Monteiro

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Emely Marcella

20 BIRTHPLACE OF MOTHER (City) E. Boston
(State or country) Mass.21 Informant Joseph Monteiro
(Address) 208 Saratoga St, East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter A. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mounts Rest Home-104 Highland Avenue

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

214

2 FULL NAME. Mary E. Miller (Donahue)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No. 112 Grove Avenue

(Usual place of abode)

st. Wilmington, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 17 1954 to October 7 1954

I last saw her alive on Oct 7 1954 death is said to

have occurred on the date stated above, at 8.45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Pneumatic
Heart DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATH
1950ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

none

Major findings:

Of operations.

None

Date of operation. Was autopsy performed?

What test confirmed diagnosis? Stethoscope

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

6 Holy Cross Cemetery - Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 11th 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed. OCT 7 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph A. Miller
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Richard F. Donahue

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Bridget V. Partland

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Mrs. Agnes M. Caprio-sister
(Address) 8 Antrim St., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/7/54

50m-(b)-11-49-970,560

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

STANDARD
CERTIFICATE OF DEATH

Registered No.

215

2 FULL NAME **Angelina M Puzzo Nee Carideo**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **58 Almont**
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence **3** years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Oct 7 1954**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 26 1954 to Oct 7 1954I last saw her alive on **Oct 7 1954** death is said to
have occurred on the date stated above, at **10:30 A.M.**DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) **Pneumonia**
embolism - massiveINTERVAL BE-
TWEEN ONSET
AND DEATH
1 minANTECEDENT CAUSES (b) **arteriosclerosis**
heart disease(c) **arterio-sclerosis**
generalizedOTHER
SIGNIFICANT
CONDITIONS
5 yearsMajor findings:
Of operations.....Date of operation..... Was autopsy performed? **no**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Dr. J. J. Washington** M. D.(Address) **19 Washington St. Malden** Date **10-8-54**6 **Holy Cross Malden**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Oct 11 1954**7 NAME OF FUNERAL DIRECTOR **Ernest P Caggiano**
147 Winthrop St. Winthrop
ADDRESSReceived and filed **Oct 8 1954** 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR OR RACE **White** 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED **Widow**

10a If married, widowed, or divorced

HUSBAND of:

(Give maiden name of wife in full)

(or) WIFE of **Michael Puzzo**

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **85** Years **9** Months **14** Days If under 24 hours
Hours Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **At Home**

15 Social Security No.

16 BIRTHPLACE (City) **Italy**
(State or country)17 NAME OF FATHER **Pasquale Carideo**18 BIRTHPLACE OF FATHER (City) **Italy**
(State or country)19 MAIDEN NAME OF MOTHER **Rose Christerforo**20 BIRTHPLACE OF MOTHER (City) **Italy**
(State or country)21 Informant **Lillian Puzzo**
(Address) **58 Almont St. Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:**Walter J. Baker**
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)(Date of Issue of Permit) **10/8/54**

PLACE OF DEATH

R-301A

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OR
CERTIFICATEving
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sing death.Chapter 137,
54, requires
to print or
use or causes
on death

STATUTES

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301

INSTRUCTIONS
FOR
CERTIFICATE

giving

OF DEATH

not enter
than one
for each
b) and (c)does not mean
of dying, such
ure, asthenia,
ns the disease,
ations which
h.ing conditions,
ng rise to the
e (a) stating
lying causeitions contrib-
death but not
he disease or
causing death.

50M-(A)-11-51-903807

PLACE OF DEATH

1

2

(a)

(Usual place of abode)

Length of stay:

In place of death

years

months

days

In place of residence

years

months

days

MEDICAL CERTIFICATE OF DEATH

3

DATE OF

DEATH

(Month)

(Day)

(Year)

4

I HEREBY CERTIFY,

That I attended deceased from

Aug 1, 1949, to Oct 8, 1954

I last saw h. ER alive on Oct 8, 1954, death is said to

have occurred on the date stated above, at 7 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute CORONARY Occlusion 1 hr.

INTERVAL BETWEEN ONSET AND DEATH

ANTE

CEDENT

CAUSES

Due To

(b) ARTERIO-SCLEROTIC HEART DISEASE 4 YRS.

Due To

(c)

OTHER

SIGNIFICANT

CONDITIONS

Major findings:

Of operations

Date of operation

Was autopsy performed?

What test confirmed diagnosis?

5

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

DATE OF BURIAL

7

NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

19

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 216

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE, 23 Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF

FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21 Informant (Address)

Mrs. Edna Hoffman

160 Elm St. Waltham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/11/54

VI V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 46, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEGIVING
OF DEATH

Not enter
than one
for each
(b) and (c)

Does not mean
of dying, such
ure, asthenia,
as the disease,
ations which

Under conditions,
ing rise to the
(a) stating
lying cause

Under conditions contrib-
death but not
the disease or
causing death.

50M-(A)-11-51-905807

PLACE OF DEATH

1

Suffolk
(County)
Wenham
(City or Town)

No.

87 Woodside Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

87 Woodside Ave

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence *31* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 11 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 1 1953 to Oct. 11 1954

I last saw her alive on *Oct 10 1954*, death is said to

have occurred on the date stated above, at *12:00* m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Chronic hepatic carcinoma
(Verminal) *48 hrs*

ANTECEDENT

CAUSES (b)

Carcinoma of liver *1 yr.*

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Diabetes Mellitus
arterio-sclerosis-gen *4 yrs*

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joseph J. Regan* M. D.
(Address) *194 Washington St. Date 10-11-1954*

6 *Wenham* Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Oct 13 1954

7 NAME OF FUNERAL DIRECTOR

Maurice W. Ruby

ADDRESS

Received and filed *Oct 13 1954* 19.....

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. *217*

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

Married
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joseph H. Healy
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE *7 1/2* Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation

Housewife
(Kind of work done during most of working life)

14 Industry

or Business

Housewife

15 Social Security No.

1-2

16 BIRTHPLACE (City)
(State or country)

Boston Mass

17 NAME OF FATHER

Thomas J. Riley

18 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

19 MAIDEN NAME OF MOTHER

Ellen Casey

20 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

21 Informant (Address)

Mr. Sullivan

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Bakers

(Signature of Agent or Board of Health or other)

(Official Designation) *10/13/54* (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to each death only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

M R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
lure, asthenia,
ns the disease,
ications which
th.d conditions,
ing rise to the
e (a) stating
lying causeions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME HALL - BABY BOY
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 9 Atlantic St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 12 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 12, 1954 to Oct 12, 1954I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at..... m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) StillbornINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To (b) Premature
Separation of Placenta 4 HoursDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Separated Placenta - Bleeding
Of operations

Date of operation: Oct 12-54 Was autopsy performed? NO

What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John J. Green M. D.
(Address) REVERE MASS Date OCT 12 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct 13 1954

7 NAME OF FUNERAL DIRECTOR Winthrop W. Ruby

ADDRESS

Received and filed OCT 13 1954

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 218

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MALE white MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE..... Years..... Months..... Days If under 24 hours
Hours..... Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No. Winthrop MASS

16 BIRTHPLACE (City) Winthrop USA
(State or country)

17 NAME OF FATHER Edgar Hall

18 BIRTHPLACE OF FATHER (City) MALDEN MASS
(State or country) USA

19 MAIDEN NAME OF MOTHER MARION COYNE

20 BIRTHPLACE OF MOTHER (City) Boston MASS
(State or country) USA21 Informant MARION HALL
(Address) MOTHERI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:John J. Green
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/13/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—Hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

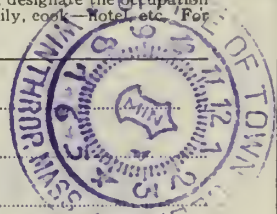
RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

0113

PM



RECEIVED

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 219

No. Mount's Convelescent Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary Rose Maynes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 95 Court Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.... years 2 months 18 days. In place of residence 14 years ... months ... days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
ath.bid conditions,
ing rise to the
se (a) stating
erlying causeditions contrib-
the death but not
the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 14, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1949 to October 14, 1954

I last saw her alive on October 12, 1954, death is said to

have occurred on the date stated above, at 5:45 A. m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Carcinoma of breast

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 yrs.

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSCerebral Arterio-
Sclerosis

Years

Major findings:
Of operations... None

Date of operation... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur C. Murray

(Address) Winthrop

M. D. Date 14 Oct. 1954

6 Holy Cross Cemetery Malden, Mass.
(City or Town)

DATE OF BURIAL October 16, 1954

7 NAME OF
FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed Oct. 15, 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William Henry Maynes

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 5 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Londonderry
(State or country) Ireland

17 NAME OF FATHER James Regan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Rose McLaughlin

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs. Charles F. Anderson
(Address) 95 Court RoadI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with the BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 10/15/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 113, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 220

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Antonio Selvitella (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) W.W.T.

(a) Residence. No. 43 Rumney Rd. St. Revere, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 30 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 14 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1954, to Oct 14, 1954

I last saw him alive on 14 Oct, 1954, death is said to

have occurred on the date stated above, at 3:55 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To Post operative Meckels Diverticulum

Due To MECKELS DIVERTICULUM (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Meckels Diverticulum
Of operations.

Date of operation. 7.08.54. Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) J. J. Selvitella M. D.
(Address) 305 C. St. S. 28. Date 1.5.54. 1954

6 Holy Cross Cem. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 18, 1954

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS 128 Revere St. Revere

Received and filed.....19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Carmella Caggiano (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 2 Months - Days If under 24 hours Hours - Minutes

13 Usual Occupation: Shoe Worker (Kind of work done during most of working life)

14 Industry or Business: Shoe Factory

15 Social Security No. 032-01-3972

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Nicola Selvitella

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Cannot Be Learned

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Carmella Selvitella (Address) 43 Rumney Rd. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker, Jr. (Signature of Agent of Board of Health or other)

Health Officer 10/15/54 (Official Designation) (Date of Issue of Permit)

RECORDS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Sept. 23, 1917

May 24, 1919

Private

"D" Co. 325th Infantry

1898285

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
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ing rise to the
se (a) stating
plying causeions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

2 FULL NAME

(a) Residence. No.
(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 21 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 17 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
OCTOBER 17 1954 to OCTOBER 17 1954I last saw her alive on OCTOBER 17 1954 death is said to
have occurred on the date stated above, at 11:55p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CEREBRAL
HEMORRHAGEANTECEDENT CAUSES
Due To (b) HypertensionDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) David Abraham, M.D. M. D.
(Address) 362 Hurley St. Weymouth, Mass.6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL October 21 19547 NAME OF FUNERAL DIRECTOR David Malcolm
ADDRESS 743 Main St. ReadingReceived and filed OCT 20 1954

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 221

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)St. WINTHROP, MASS.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widow10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of Thomas J. Sheerin
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 63
AGE 64 Years 7 Months 3 Days | If under 24 hours
Hours Minutes13 Usual Occupation: Fancy Candy Packer
(Kind of work done during most of working life)14 Industry or Business: Baileys Candy Factory

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass17 NAME OF FATHER Antoine Thomas18 BIRTHPLACE OF FATHER (City) Not Known
(State or country) Portugal19 MAIDEN NAME OF MOTHER Mary Goulart20 BIRTHPLACE OF MOTHER (City) Not Known
(State or country) Portugal21 Informant Anne Steck
(Address) 68 Waverly St. Arlington, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/19/54

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where said certificate is contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-seven, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. 222

No. 49 Circuit Road Winthrop St. (If death occurred in a hospital or institution; give its NAME instead of street and number)

2 FULL NAME. Anthony E. Teixeira
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 49 Circuit Road Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 17 years..... months..... days. In place of residence 17 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 18 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 22 1954 to October 18 1954
I last saw him alive on October 12 1954, death is said to

have occurred on the date stated above, at 12 noon m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Bronchopneumonia 5 days

INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Carcinoma of
CEDENT (b) Stomach
CAUSES

3 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Carcinoma of stomach
Of operations

Date of operation Aug. 1953 Was autopsy performed? no

What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur C. Murray M.D.
(Signed) (Address) Winthrop, Mass. Date 19 Oct. 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 21 1954 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St East Boston

Received and filed OCT 20 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Agnes C. Smiddy
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months 5 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Phone Installer
(Kind of work done during most of working life) Telephone &

14 Industry or Business: New England Telegraph Co.

15 Social Security No. 011-07-4051

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Henrique Teixeira

18 BIRTHPLACE OF FATHER (City) Portugal
(State or country)

19 MAIDEN NAME OF MOTHER Philomena Pimentel

20 BIRTHPLACE OF MOTHER (City) Portugal
(State or country)21 Informant Mrs. Agnes C. Teixeira wife
(Address) 49 Circuit Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Walter L. Baker
(Official Designation)10/30/54
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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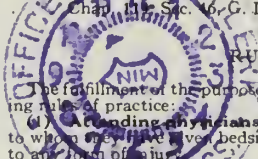
A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery, upon a legal ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).



RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to injury.

(2) **Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to these include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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lying causeions contrib-
death but not
he disease or
causing death.

100M-(D)-10-48-24656

X

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME: Esther Margaret (Davis) Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 50 Adams Street
(Usual place of abode)

Length of stay: In place of death..... years 1 months 5 days. In place of residence 35 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: OCTOBER 23, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
APRIL 23, 1951 to OCTOBER 23, 1954I last saw her alive on OCTOBER 23, 1954, death is said to
have occurred on the date stated above, at 10:40 P.M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) CEREBRAL EMBOLISM WITH
RIGHT HEMIPLEGIAINTERVAL BE-
TWEEN ONSET
AND DEATH

2 WKS.

ANTE
CEDENT
CAUSESDue To (b) ARTERIOSCLEROTIC
HEART DISEASE

4 YRS.

Due To (c) GENERALIZED
ARTERIOSCLEROSIS

4 YRS.

OTHER
SIGNIFICANT
CONDITIONS GANGRENE OF LEFT LEG

1 WK.

Major findings:
Of operations: NONE

Date of operation: Was autopsy performed? NO

What test confirmed diagnosis: CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) M. Trautwein, Jr., M. D. M. D.
(Address) 662 SHIRLEY ST., WINTHROP, MA. DATE OCT. 23, 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL: Oct. 27, 1954

7 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS: Winthrop, Mass.

Received and filed: OCT 27 1954

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

223

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William A Floyd
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 4 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home 121-509-871

15 Social Security No. 028-201-871

16 BIRTHPLACE (City) Newbury
(State or country) Vermont

17 NAME OF FATHER Hilers D Davis

18 BIRTHPLACE OF FATHER (City) Cornithr-Cornithr
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Charlotte Crehore

20 BIRTHPLACE OF MOTHER (City) Sandover Sandover
(State or country) Illinois21 Informant (Address) William A Floyd
50 Adams St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 10 27 1954

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

OCT 27 PM

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS

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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the Chinese relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body or remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
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50M-334-911687

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No. 225

No. 275 Court Rd Winthrop

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Matthew Racich
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 275 Court Rd Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 13 years..... months..... days. In place of residence 13 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 24, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 1952 to 24 October 1954I last saw him alive on 21 Oct., 1954 death is said to
have occurred on the date stated above, at 11:30 P.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary OcclusionINTERVAL
BETWEEN
ONSET
AND DEATH30
min.ANTE CEDENT CAUSES Due To Arteriosclerotic
(b) Heart Disease years

Due To (c) —

OTHER SIGNIFICANT CONDITIONS Carcinomatosis 3 yrs

Major findings: Carcinoma of prostate
Of operations

Date of operation April 1952 Was autopsy performed? no

What test confirmed diagnosis? Operation

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Date 25 Oct. 1954

6 Place of Burial or Cremation Winthrop Winthrop
(City or Town)

DATE OF BURIAL October 27 1954

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St. East Boston

Received and filed 1954 19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Isabella Kelly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 6 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation: Architect
(Kind of work done during most of working life)

14 Industry or Business: Own business

15 Social Security No. none

16 BIRTHPLACE (City) (State or country) Austria

17 NAME OF FATHER George Racich

18 BIRTHPLACE OF FATHER (City) (State or country) Austria

19 MAIDEN NAME OF MOTHER Annie Kolevich

20 BIRTHPLACE OF MOTHER (City) (State or country) Austria

21 Informant Mrs. Isabella Racich wife
(Address) 275 Court Rd WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/26/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 226

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 37 Dolphin Ave

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Libby Emma Edovitz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 18 Dolphin Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 40 years 5 months 0 days. In place of residence 40 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 25 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14 1954, to Oct 25 1954I last saw her alive on Oct 25 1954, death is said to
have occurred on the date stated above, at 5:50 A. M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Coronary occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 hrs

ANTE
CEDENT
CAUSES(b) Hypertensive cardiac -
vascular disease

(c) Diabetes

24 yrs

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. M. D.
(Address) 153 Main St. Woburn, Mass. Date Oct 25 19546 Workman Circle Melrose
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 26 1954

7 NAME OF FUNERAL DIRECTOR Hyman J. Dorf

ADDRESS 57 Washington Ave Chelsea

Received and filed 10/27/54 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry Edovitz
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Proprietor
(Kind of work done during most of working life)

14 Industry or Business: Cleaning

15 Social Security No. 621-28-3054

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Ephraim Grotz

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. L.) Grotz ex.

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant: David Edovitz
(Address) 18 Dolphin Ave Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Sealth Office 10/25/54
(Official Designation) (Date of Issue of Permit)

R-301A

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
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PLACE OF DEATH

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital

2 FULL NAME

Baby (boy) Leach

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

358 Chelsea St.

(Usual place of abode)

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

October

(Day)

20

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at..... m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ANTECEDENT (b)
CAUSESDue To
(c)

Stillborn

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 305 Chelsea St. Date 26.10.54 19.54

6 Holy Cross Cemetery

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL Oct. 28 - 54

19

7 NAME OF

FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed

OCT 29 1954

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

227

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

single

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Stillborn

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop

17 NAME OF

FATHER

Victor Leach

18 BIRTHPLACE OF

FATHER (City)

Westford

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Gertrude O'Neil

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

21

Informant Victor Leach

(Address)

358 Chelsea St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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OCT 29

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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the disease or
causing death.

50M (B) 1-51 903586

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Charles Fredric Anderson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 95 Court Road
(Usual place of abode)

Length of stay: In place of death years 1 months 7 days. In place of residence 15 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

228

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO.

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
23 Sept 1954 to 27 Oct 1954I last saw him alive on 27 Oct 1954 death is said to
have occurred on the date stated above, at 1:10 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral Hemorrhage 5 wksANTECEDENT CAUSES
Due To (b) Hypertensive Vascular Disease yearsDue To
(c)OTHER SIGNIFICANT CONDITIONS
Hemorrhage from acute ulcer of stomach 12 hrsMajor findings:
Of operations: none

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) [Signature] M. D.
(Address) Winthrop Date 28 Oct 19546 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 30 1954 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 19

OCT 28 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

10a If married, widowed, or divorced
HUSBAND of Catherine Bernadette Maynes
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 8 Months 28 Days If under 24 hours Hours Minutes

13 Usual Occupation Photo Lithographer
(Kind of work done during most of working life)

14 Industry or Business Com. Printing Est.

15 Social Security No. 012-03-5919

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER Edwin F. Anderson

18 BIRTHPLACE OF FATHER (City) South Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Rachel Marine

20 BIRTHPLACE OF MOTHER (City) South Boston Mass.
(State or country)21 Informant Mrs. Charles F. Anderson
(Address) 95 Court Road, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 10/29/54
(Date of Issue of Permit)

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
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50H-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Avenue Winthrop

STANDARD
CERTIFICATE OF DEATH

Registered No. 229

2 FULL NAME Mary J. Murray (Cooper)
(If deceased is a married, widowed or divorced woman, give also maiden name.)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 104 Highland Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCT 30 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JUNE 11, 1951 to OCT 30 1954

I last saw her alive on OCT 30 1954 death is said to

have occurred on the date stated above, at 8:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) ACUTE CORONARY OCC.

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 hrs.

ANTE CEDENT
CAUSES

Due To ARTERIO-SCLEROTIC HEART

DISEASE

10 yrs.

Due To SENILE PSYCHOSIS

2 yrs.

OTHER
SIGNIFICANT
CONDITIONS

NONE

Major findings:
Of operations. NONE

Date of operation. Was autopsy performed?

What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. J. Kirby M. D.
(Address) 222 Pleasant St. Winthrop Date 10/31 19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 2 1954

7 NAME OF
FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington Street E. Boston

Received and filed. NOV 1 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James J. Murray
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. none

16 BIRTHPLACE (City)
(State or country) Ireland17 NAME OF
FATHER Gilbert Cooper18 BIRTHPLACE OF
FATHER (City)
(State or country) Ireland19 MAIDEN NAME
OF MOTHER Cannot be learned20 BIRTHPLACE OF
MOTHER (City)
(State or country) Ireland21 Informant Daniel P. Doherty friend
(Address) 64 Temple Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other
Health Officer 11/1/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

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GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

1 R-305

Stal Cove

M

PLACE OF DEATH

Plymouth

(County)
Whitman, Mass.

(City or Town)

Bedford Street

No. Alvin D. Wolfe

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

41 Cultler

(a) Residence. No. (Usual place of abode)

Winthrop, Mass.

St. 21 (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 30 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved state fully)

Fractured Skull and Neck.
Abrasions of Both Legs

5 Accident, suicide, or homicide (specify) Accident
Date and hour of injury Oct. 30, 2:30 PM 54

Where did injury occur? Whitman, Mass.

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of injury Auto Accident (Specify type of place)

Nature of injury (How did injury occur?)

While at work? No

Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Alphonse F. Budreski

(Signed) 704 No. Main Brockton 10/30/54

Tifereth Israel of Winthrop, Everett

7 Place of Burial, or Cremation October 31, (City or Town) 54

DATE OF BURIAL Hyman J. Torf 19

8 NAME OF FUNERAL HOME 151 Washington St. Chelsea

ADDRESS 54

Received and filed NOV 4 1954 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Whitman, Mass.

(City or town making return)

Registered No. 230

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so state WAR) No.

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE MARRIED (write the word) Married
WIDOWED or DIVORCED

11a If married to HUSBAND of Florence Gladstone
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 24 6 If under 24 hours
Years Months Days Hours Minutes

14 Usual Occupation: Salesman
(Kind of work done during most of working life)

15 Industry or Business: Wholesale Foods

16 Social Security No. Boston

17 BIRTHPLACE (City) Mass.

(State or country) Edward Wolfe

18 NAME OF FATHER
19 BIRTHPLACE OF FATHER (City) London, England
(State or country)

20 MAIDEN NAME OF MOTHER Ida White

21 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

22 Informant Edward Wolfe
(Address) 41 Cutler St. Winthrop, Mass.

A TRUE COPY
ATTEST: Mildred McKenna
(Registrar of City or Town where death occurred)

DATE FILED October 30, 1954

25m-(c)-11-49-900-475

RECEIVED



NOV-6 1955 AT

Essex (County)
Lynn (City or Town)
 No. **Lynn Hospital** St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. **231**

2 PULL NAME **Doris H. Albertson** (If deceased is a married, widowed or divorced woman, give also maiden name.)
 (a) Residence. No. **15 Mermaid Ave.** St. **Winthrop, Mass.**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In place of death.....years**2**.....months**14**.....days. In place of residence **11** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH October 31, 1954 (Month) (Day) (Year)	8 SEX Female	9 COLOR OR RACE White	10 SINGLE (write the word) Wid. MARRIED WIDOWED or DIVORCED
4 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1954 to Oct. 31, 1954 I last saw her alive on Oct. 31, 1954 death is said to have occurred on the date stated above, at 5:15p. m.	10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of Horace R. Albertson (Husband's name in full)		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of lf. abt. Kidney c metastases to lungs	11 IF STILLBORN, enter that fact here.		
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	12 AGE 52 Years 5 Months 16 Days	If under 24 hours Hours.....Minutes	
13 Usual Occupation: Nurse (Kind of work done during most of working life)	14 Industry or Business: Nursing Home		
15 Social Security No. 048-20-1233	16 BIRTHPLACE (City) Watertown (State or country) Mass.		
17 NAME OF FATHER George H. Gellisple	18 BIRTHPLACE OF FATHER (City) Lowell (State or country) Mass.		
19 MAIDEN NAME OF MOTHER Susan L. Smith	20 BIRTHPLACE OF MOTHER (City) N.B. (State or country) Canada		
21 Informant (Address) Mrs. John R. Condon 15 Mermaid Ave., Winthrop	A TRUE COPY ATTEST Edmund L. Flynn (Registrar of City or Town where death occurred)		
OTHER SIGNIFICANT CONDITIONS Anemia, cachexia 3 mo.	DATE FILED November 3, 1954		
Major findings: Of operations.....	Received and filed 11-9-54 19.....		
Date of operation None Was autopsy performed? No	(Registrar of City or Town where deceased resided)		
What test confirmed diagnosis? X-rays			
5 Was disease or injury in any way related to occupation of deceased? No If so, specify.....			
(Signed) Carroll C. Miller (Address) 304 Humphrey St., B., 10/31/54			
6 Woodlawn Creamatory, Everett Place of Burial or Cremation (City or Town)			
DATE OF BURIAL Nov. 3, 1954			
7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St. Winthrop			

RECEIVED



INDV-3 7

PLACE OF DEATH

1

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 8818

332

No. Veteran's Adm. Hospt. Boston. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard L. Nuzzo (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) U. S. #11

(a) Residence. No. 153 Meridian St. St. East Boston Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence Life years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH (Month) (Day) (Year) Oct/12/54

4 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1954, to Oct. 12, 1954. I last saw him alive on Oct. 9, 1954, death is said to

have occurred on the date stated above, at 7:15 PM m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)Pneumonia of unknown
etiologyINTERVAL
BETWEEN ONSET
AND DEATH

4 Days

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical and laboratory

5 Was disease or injury in any way related to occupation of deceased? No

(Signed) L. J. Marks M. D. Date 10-12-54

6 Place of Burial or Cremation VAH Boston Mass. (City or Town) 10-12-54

DATE OF BURIAL Oct. 16/54 19

7 NAME OF FUNERAL DIRECTOR Richard C Kirby
ADDRESS East Boston Mass.

Received and filed NOV 20 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Dorothy Kovacs (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 8 Months 27 Days If under 24 hours Hours Minutes

13 Usual Occupation: Chiropodist (Kind of work done during most of working life)

14 Industry or Business: Own Business

15 Social Security No.

16 BIRTHPLACE (City) (State or country) Boston Mass.

17 NAME OF FATHER Bernard Nuzzo

18 BIRTHPLACE OF FATHER (City) (State or country) Italy

19 MAIDEN NAME OF MOTHER Rose Tutela

20 BIRTHPLACE OF MOTHER (City) (State or country) Italy

21 Informant (Address) Hospt Records Boston

A TRUE COPY

ATTEST Charles A. (Registrar of City or Town where death occurred)

DATE FILED Oct. 18/54 19

RECEIVED



NOV 30 AM

Entered Service July 6, 1943

Discharged Sept. 25, 1944

Private ~~XXXX~~ U S Army Service No. 31365554

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-305

25M-52-907046

PLACE OF DEATH

1

Essex
(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

233

Registered No.

No. Danvers State Hospital, H. thorne

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME James F. Leonard

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 48 Beach Road
(Usual place of abode)

St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 4 months 17 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cerebral Arterio sclerosis

Diabetes Mellitus

Fracture of 3 & Left Ribs

5 Accident, suicide, or homicide (specify) Accident

Date and hour of injury October 18, 19 54

Where did Danvers State Hospital
Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place? Public Place
(Specify type of place)

Manner of Fell Down
Injury (How did injury occur?)

Nature of FRACTURE Ribs
Injury

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph P. Foss, M. D.

(Address) Rockbury, Mass. Date 19

7 Winthrop Cemetery Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL October 28 19 54

8 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop, Mass.

Received and filed NOV 18 1954 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowe

11a If married, widowed, or divorced
HUSBAND of Mary Cavanaugh
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 Years 5 Months 7 Days If under 24 hours
Hours Minutes

14 Usual Occupation Laborer
(Kind of work done during most of working life)

15 Industry or Business

16 Social Security No.

17 BIRTHPLACE (City) Ireland
(State or country)

18 NAME OF FATHER John Leonard

19 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

20 MAIDEN NAME OF MOTHER Mary Wholly

21 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

22 Informant Mary E. Sheehan
(Address) Hethorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 1 19 54

RECEIVED



NOV 18 AM

INSTRUCTIONS
FOR
CERTIFICATE

n giving
E OF DEATH

not enter
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, (b) and (c)

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le of dying, such
failure, asthenia,
means the disease,
lications which
leath.

rbid conditions,
iving rise to the
use (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
causing death.

50M-5-52-97046

1 PLACE OF DEATH
1 **Boffolk** (County)
Winthrop (City or Town)
No. **142 Pleasant St**



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. **234**

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME **Bridget (Munvelley) FLANAGAN**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
St. **Revere** (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) **No**

(a) Residence. No. **61 Sprague** St. **Revere**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **17** years **17** months **17** days. In place of residence **38** years **38** months **38** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Nov 2 1954**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Feb 50** to **Nov 2 54**
I last saw her alive on **Nov 2 54**, death is said to have occurred on the date stated above, at **8 P.M.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH

17 days

ANTECEDENT CAUSES (b) **Arteriosclerosis**
Hypertension

4 years

Due To (c) **CARDIAC FAILURE**

1 day

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....
Date of operation..... Was autopsy performed?.....
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify **Anger's Cataplexy** M. D. (Signed) **603 Broadway Rm** (Address) **Nov 2 1954** (Date)

6 **Holy Cross Cemetery** (Place of Burial or Cremation) **Malden** (City or Town)

DATE OF BURIAL **November 4 1954**

7 NAME OF FUNERAL DIRECTOR **William J. Killian**
ADDRESS **1 Sprague St. Revere**

Received and filed **NOV 4 1954** **19**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** **9** COLOR OR RACE **White** **10** SINGLE (write the word) **MARRIED** **WIDOWED** **or DIVORCED**

10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of **PATRICK E FLANAGAN** (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **77** Years **10** Months **28** Days If under 24 hours Hours Minutes

13 Usual Occupation: **Housewife** (Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No.

16 BIRTHPLACE (City) **IRELAND** (State or country)

17 NAME OF FATHER **UNABLE TO LEARN**

18 BIRTHPLACE OF FATHER (City) **IRELAND** (State or country)

19 MAIDEN NAME OF MOTHER **UNABLE TO LEARN**

20 BIRTHPLACE OF MOTHER (City) **IRELAND** (State or country)

21 Informant **THOMAS FLANAGAN** (Address) **61 SPRAGUE ST. REVERE**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) **11/3/54** (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by a recognizable disease, or when any person is found dead. . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(c)-10-48-24658

PLACE OF DEATH

FRANKLIN

(County)

ORANGE

(City or Town)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

ORANGE

(City or town making return)

Registered No.

235

No. Eastern Star Home

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth Frances (Marden) Jones

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 125 Coid Road
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months 28 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 4, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 1, 1954, to November 4, 1954.I last saw her alive on November 4, 1954, death is said to
have occurred on the date stated above, at 3:40 A. M.DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Acute Congestive Heart
FailureINTERVAL BE-
TWEEN ONSET
AND DEATH

3 mos

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER SIGNIFICANT
CONDITIONS Arterio Sclerosis

?

Major findings:
Of operations.

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Physical & Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Harold R. Mahar

(Signed) Orange, Mass. Date Nov. 4, 1954

(Address) Mount Auburn Cemetery, Cambridge, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 6, 1954

7 NAME OF FUNERAL DIRECTOR Roy A. Ward
ADDRESS Orange, Mass.

Received and filed 11-8-54 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry M. Jones

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 11 Months 21 Days If under 24 hours
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. 012-12-9270 D

16 BIRTHPLACE (City) Quebec, Canada
(State or country)

17 NAME OF FATHER Albert M. Marden

18 BIRTHPLACE OF FATHER (City) Roxbury,
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Mary J. Frazer

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Mrs. Grace H. Mullen
(Address) 75 East Main St., Orange, Mass.

A TRUE COPY.

ATTEST: Robert J. Anderson
(Registrar of City or Town where death occurred)

DATE FILED November 4, 1954

RECEIVED



NOV-8 - 11 - 9 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-9C9098

PLACE OF DEATH

Norfolk

(County)

Needham

(City or Town)

No. 384 Webster

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Needham

(City or town making return)

Registered No. 235

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva M. (Deatty) Merritt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 51 Birch Road
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 4 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 19 54 to 11/4 54

I last saw or alive on Oct. 29 54, death is said to have occurred on the date stated above, at 1:20 P m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion 5 min

ANTE CEDENT CAUSES Due To (b) Arteriosclerosis 5 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? physical Exam

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Dickson 11/4 54 M. D.
(Address) Needham, Mass. Date 11/4 54

6 Place of Burial or Cremation St. Vernon Cem. Abington, Mass.

DATE OF BURIAL Nov. 6 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed 11-10-54 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX P 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Wid.

10a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of Percy D. Merritt (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 9 Months 10 Days If under 24 hours Hours..... Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. none

16 BIRTHPLACE (City) England (State or country)

17 NAME OF FATHER Robert Deatty

18 BIRTHPLACE OF FATHER (City) England (State or country)

19 MAIDEN NAME OF MOTHER Unable to Obtain

20 BIRTHPLACE OF MOTHER (City) England (State or country)

21 Informant: Robert Merritt (Address) Dover, Mass.

A TRUE COPY

ATTEST: Marian S. Peterson (Registrar of City or Town where death occurred)

DATE FILED November 9, 1954

RECEIVED



10V10

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DEATH

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The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 237

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Annie Baker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, *no*
if so specify WAR)(a) Residence. No. 105 Washington Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 18 days. In place of residence 10 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 5, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1953, to Nov. 5, 1954I last saw her alive on Nov. 5, 1954, death is said to
have occurred on the date stated above, at 8:00 P. M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) SENILITYINTERVAL BE-
TWEEN ONSET
AND DEATH

1 yr.

ANTE DECENT CAUSES Due To (b) NONE

Due To
(c)

OTHER SIGNIFICANT CONDITIONS NONE

Major findings: Of operations.

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) Charles J. Cronin M. D.
(Address) Winthrop Mass Date 11/6/19546 Burial Society of Malden N. Reading
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov-7 1954

7 NAME OF FUNERAL DIRECTOR. Herman J. Dorf

ADDRESS 117 Washington Ave Chelsea

Received and filed NOV 8 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Samuel Baker
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Work home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER David David

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Golda (C.B.L.)

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Mrs. Sidney M. Crafts
(Address) 105 Washington Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 11/6/54

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 238

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Boy D'Ambrosio

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 160 Faywood Ave.
(Usual place of abode)St. E. Boston, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 11 - 14 - 54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/13/54 19 to 11/14 1954

I last saw him alive on 11/13 1954 death is said to

have occurred on the date stated above, at 1:00 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) PREMATURE
(5 1/2 Mos.)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

6 1604 Cross St. B. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 17, 1954

7 NAME OF FUNERAL DIRECTOR William E. Peni

ADDRESS 971 Saratoga St. E.B.

Received and filed. NOV 20 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours
4 Hours 55 Minutes13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Joseph D'Ambrosio

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Josephine D'Ambrosio

20 BIRTHPLACE OF MOTHER (City) Keene
(State or country) N.H.21 Informant: Joseph D'Ambrosio
(Address) 160 Faywood Ave, (Father)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)11/17/54
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

239

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 129 Main Street

STANDARD
CERTIFICATE OF DEATH

Registered No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Harry Lawton Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 129 Main Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h alive on 19 death is said to

have occurred on the date stated above, at 11:15 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Natural CausesINTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To Presumably

Due To Coronary
(c) Occlusion

30 min

OTHER SIGNIFICANT CONDITIONS None

Major findings: None
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Board of Health Date 17 Nov 1954

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Nov. 19 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Pymoth

ADDRESS Winthrop

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years 9 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation Plumber
(Kind of work done during most of working life)

14 Industry or Business Contractor

15 Social Security No. 028-05-6135

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER James Smith

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Florence Beaumont

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Florence Smith
(Address) 129 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 11/17/54

R-301A

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CERTIFICATEiving
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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons though disabled by recognized disease unrelated to any form of injury, who have died without recent medical attendance or whose physician is absent at the time when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (gas or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 240

PLACE OF DEATH

Suffolk
(County)Winthron
(City or Town)

No. 202 Pleasant Street

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ann T. Lyng
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR).....(a) Residence. No. 202 Pleasant Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 17 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 27 1954 to Nov 17 1954
I last saw her alive on Nov. 17 1954 death is said to
have occurred on the date stated above, at 3:30 P. M.INTERVAL BETWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Branch pneumoniaANTECEDENT CAUSES (b) arteriosclerotic
heart disease yrsDue To (c) arteriosclerosis
generalized yrsOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Joseph J. O'Malley M. D.
(Address) 202 Pleasant St. Date 11-17-19546 Winthron Winthron
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 20 1954

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthron Mass

Received and filed Nov. 19, 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James F Lyng
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Worcester
(State or country) Mass

17 NAME OF FATHER Owen Flynn

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Katherine O'Hara

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs Richard Donovan
(Address) 202 Pleasant St WinthronI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/18/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 46, Sec. 10, G. L., (Tercentary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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lying causeions contrib-
death but not
the disease or
causing death.Medical
EXAMINER

PLACE OF DEATH

Suffolk
(County)
WINTHROP
(City or Town)The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH(City or town making return)
241
Registered No.

No. WINTHROP Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROSE ANNIE YORKS
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 26 Bates Ave St. WINTHROP
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 1 days. In place of residence 8 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOVEMBER 21, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to NOV. 21, 1954
I last saw her alive on NOV 21, 1954, death is said to
have occurred on the date stated above, at 11:30 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CEREBRALHEMORRHAGEANTE DUE TO
CEDENT (b) ARTERIOSCLEROSIS
CAUSES CEREBRALDUE TO
(c) HYPERTENSIONOTHER SIGNIFICANT
CONDITIONS CHRONIC MYOCARDITIS 3 years
CORONARY HEART DISEASE YEARSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify A. N. Carlson MD M. D.
(Signed) 166 Princeton St. Boston 11-21-1954
(Address)

6 buried
Place of Burial or Cremation Woburn
(City or Town)

DATE OF BURIAL Nov 22, 1954

7 NAME OF FUNERAL DIRECTOR Caron Dolan
ADDRESS 1668 Beacon St - Brookline

Received and filed 11-22-54 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)
(or) WIFE of Abraham YORKS
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years.....Months.....Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: House work
(Kind of work done during most of working life)

14 Industry or Business: GT Home

15 Social Security No.....

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Mordecai Kapulskue

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Staine CombeLorne

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

21 Informant (Address) Max Yorks
290 River Rd WINTHROP MASS

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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1954, requires
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50M-3-54-911687

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 25 Cutler

2 FULL NAME

Priscilla Haaxma

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

25 Cutler

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov.

23

1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/10

1954

to

11/23

1954

I last saw h. ER alive on 11/10/54 death is said to

have occurred on the date stated above, at 10:40 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CEREBRAL HEMORRHAGE?

ANTE
CEDENT
CAUSES

Due To

ARTERIO-SCLEROTIC HEART

(b)

DISEASE

5 YRS.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

DIABETES INSIPIDUS

2 YRS.

Major findings:
Of operations.

NONE

Date of operation NONE Was autopsy performed?

What test confirmed diagnosis? NONE

5 Was disease or injury in any way related to occupation of deceased? N.B.

If so, specify

Omyron n. King

(Signed)

(Address) 222 PLEASANT ST WINTHROP

11/23/54

6 Roxbury Mutual, Montvale

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 25, 1954

7 NAME OF

FUNERAL DIRECTOR

Benny F. Solomon

ADDRESS 420 Harvard St., Brookline.

Received and filed NOV 24 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 242

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR OR RACE

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Morris Haaxma

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 82

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

own home

15 Social Security No.

16 BIRTHPLACE (City)

London,

(State or country)

England

17 NAME OF

FATHER

(unknown) Joseph

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

(unknown)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant Alfred Haaxma

(Address) 220 Main St., Wakefield, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/24/54

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish 'or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

PLACE OF DEATH

Suffolk
(County)Revere
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

243

No. Revere Memorial Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ralph Marino
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 142 Pleasant St.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 23, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
January 4, 1947, to November 23, 1954.I last saw him alive on November 23, 1954, death is said to
have occurred on the date stated above, at 2:35 A. m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypertensive Heart
DiseaseINTERVAL BE-
TWEEN ONSET
AND DEATH4
Yrs.ANTE Due To
CEDENT (b) Cerebral Hemorrhage
CAUSES Rt hemiplegia2
Yrs.Due To
(c) Hypertension7
Yrs.OTHER SIGNIFICANT CONDITIONS
Congestive heart
Failure5
daysMajor findings:
Of operations.....

Date of operation.....Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify Andrew Catino

(Signed) 303 Broadway

(Address) Revere

Date Nov. 24, 1954

6 Holy Cross Com. Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 26, 1954

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio
ADDRESS 128 Revere St., Revere

Received and filed DEC 6 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Elvera Rossi
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 11 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Crane Operator
(Kind of work done during most of working life)

14 Industry or Business: General Electric Co.

15 Social Security No. - - - -

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Gennaro Marino

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Cannot Be Learned

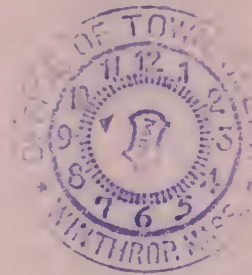
20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant (Address) Carl Marino
Jones Rd., Revere

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 26, 1954

RECEIVED



DEC-6 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

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CHENRA RADU

100M-10-53-910621

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No.

244

No. *Winthrop Comm Home* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Hyman Belinsky*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *no*

(a) Residence. No. *119 Harvard* St. *Everett Mass*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *0* years *0* months *21* days. In place of residence *10* years *0* months *0* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *November 24 1954*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
11/23/1954 to *11/27/1954*

I last saw him alive on *11/24/1954* death is said to
have occurred on the date stated above, at *3:40 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *CORONARY INFARCTION*

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 Day

ANTECEDENT CAUSES (b) *CORONARY ARTERY
HEART DISEASE*

5 yrs

Due To (c) *BRONCHIAL Asthma*

10 yrs

OTHER SIGNIFICANT CONDITIONS

Major findings: *NONE.*
Of operations.

Date of operation. Was autopsy performed? *No*

What test confirmed diagnosis: *CLINICAL*

5 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Charles Liberman* M. D.

(Address) *WINTHROP, MA 55* Date *11/25/1954*

6 *Chelena Chervakidze (Ortel) Peabody*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Nov 26 1954*

7 NAME OF FUNERAL DIRECTOR *Hyman J. Joff*

ADDRESS *157 W. Main St. Boston*

Received and filed. *NOV 25 1954* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 ~~SINGLE~~ (write the word)
~~MARRIED~~ *Widowed*
~~WIDOWED~~
~~OR DIVORCED~~

10a If married, widowed, or divorced
HUSBAND of *Sena Stabonofsky*
(Give maiden name & wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *69* Years - Months - Days If under 24 hours
Hours - Minutes

13 Usual Occupation: *Contractor*
(Kind of work done during most of working life)

14 Industry or Business: *Blastering*

15 Social Security No. *none*

16 BIRTHPLACE (City) *Russia*
(State or country)

17 NAME OF FATHER *Louis Belinsky*

18 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)

19 MAIDEN NAME OF MOTHER *(C. B. Z)*

20 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)

21 Informant *Samuel Belinsky*
(Address) *119 Harvard St. Everett*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health of other)

Walter L. Baker *11/26/54*
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting pneumonia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-1(D)-6-51-904917

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on..... death is said to

have occurred on the date stated above, at..... A.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)ANTE
CEDENT
CAUSES

(b)

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6 Place of Burial or Cremation..... (City or Town)

DATE OF BURIAL.....

7 NAME OF
FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed..... 19.....

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

245

To be filed for burial permit
with Board of Health
or its Agent.

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE..... Years..... Months..... Days

If under 24 hours
8 Hours 15 Minutes

13 Usual

Occupation:.....

(Kind of work done during most of working life)

14 Industry
or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER18 BIRTHPLACE OF
FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

PARENTS

21 Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

246

No. 11 Lewis Terrace

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Lickey Anderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, None
if so specify WAR)(a) Residence. No. 11 Lewis Terrace
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 10 years months days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 death is said to
have occurred on the date stated above, at 8 A. M.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Natural CausesINTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To Presumably
CEDENT (b) Coronary
CAUSESDue To Occlusion
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Winthrop C. Murray

(Address) Board of Health

(City or Town) Boston

6 Forrest Hills
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 27 1954

7 NAME OF FUNERAL DIRECTOR Edward's Burial

ADDRESS 11 Lewis Terrace

Received and filed NOV 29 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Laura Dumlio Dumleo
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years 7 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Ship building

15 Social Security No. 024-07-2704

16 BIRTHPLACE (City) Belfast
(State or country) Ireland

17 NAME OF FATHER Unable to obtain Anderson

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Reilly

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Laura C Anderson
(Address) 11 Lewis Terr. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer 11/26/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RECEIVED
RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

247

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Nursing Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME George Spurgeon Webster
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN ASSISTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) NO(a) Residence. No. 33 Bellevue Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years 2 months 15 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 25 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 3 1950, NOVEMBER 25 1954

I last saw him alive on NOVEMBER 25, 1954

have occurred on the date stated above, at 2:40 PM

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CEREBRAL
HEMORRHAGEINTERVAL BE-
TWEEN ONSET
AND DEATH

48 hrs.

ANTE DUE TO CEREBRAL
CEDENT (b) ARTERIO SCLEROSIS
CAUSE2
YearsDue TO GENERALIZED
(c) ARTERIO SCLEROSIS4
YearsOTHER
SIGNIFICANT
CONDITIONS UREMIA

12 hours

Major findings:
Of operations NONE

Date of operation NONE Was autopsy performed? NO

What test confirmed diagnosis: clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signature) Jacob J. Abrams M.D. M.D.
(Address) 352 SHIRLEY ST. Date NOV 26 1954
(City or Town) WINTHROP6 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 29, 1954

7 NAME OF FUNERAL DIRECTOR Alfred B. Morse

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 29 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Annie Amelia Lowden
(Give maiden name of wife)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 92 Years 8 Months 29 Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired Assistant Mgr.
(Kind of work done during most of working life)

14 Industry or Business: Bethlehem Ship Bldg. Co. INC.

15 Social Security No. none

16 BIRTHPLACE (City) Summerside
(State or country) Prince Edward Island

17 NAME OF FATHER Robert Webster

18 BIRTHPLACE OF FATHER (City)
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Caroline Ellis

20 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edward Island21 Informant Miss. Myrtle Webster
(Address) 33 Bellevue Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/29/54

50M (B1)-51 903586

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. — Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

RECEIVED
NOV 29 1945
AM
No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery, and in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons who have been given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably caused by violence. These include not only deaths caused directly or indirectly by gunshot or (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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50M-33-909098

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or Town making this return)

Registered No. 248

No. Mayflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carmela Chiara (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 1 A Street St. Revere, Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years.....months.....days. In place of residence 65 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV. 26 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb. 1952, to Nov 26, 1954

I last saw her alive on Nov 26, 1954, death is said to have occurred on the date stated above, at 6:40 P. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ARTERIOSCLEROTIC heart disease

ANTE CEDENT (b) CHRONIC MYOCARDITIS CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS CARDIAC FAILURE

Major findings: Of operations.

Date of operation.....Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Andrew Catina, M. D. (Address) 603 Broadway, Boston Date Nov. 27, 1954

6 Holy Cross Cem. Malden (City or Town)

DATE OF BURIAL November 29, 1954

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio ADDRESS 128 Revere St. Revere

Received and filed. NOV 28 1954 19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED, WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Alfonso Chiara (Husband's name in full)

11 IF STILLBORN, enter that fact here.
12 AGE 77 Years - Months - Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER John Scuteri

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Cannot Be Learned

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant Francis A. Chiara (Son) (Address) 75 Fernwood Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Valter F. Baker, Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/29/54 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

STANDARD
CERTIFICATE OF DEATHRegistered No. **249**

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Mayflower Rest Home{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Edgar H. Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 189 Bradstreet
(Usual place of abode)Ave Revere, Mass.
(If nonresident, give city or town and State)Length of stay: In place of death 26 years 78 months 78 days. In place of residence 78 years 78 months 78 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 26, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 8, 1954 to November 26, 1954I last saw him alive on November 24, 1954 death is said tohave occurred on the date stated above, at 9:25 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Multiple MyelomaINTERVAL BETWEEN ONSET
AND DEATH

Known

since Oct. 30/54ANTE CEDENT CAUSES
(b) NoneDue To
(c) NoneOTHER SIGNIFICANT
CONDITIONS NoneMajor findings:
Of operations NoneDate of operation None Was autopsy performed? NoWhat test confirmed diagnosis? X-Rays & Biopsy5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) 123 Bennington St., Date Nov. 27, 19546 Woodlawn Revere Everett
Place of Burial or Cremation (City or Town)DATE OF BURIAL Nov. 29, 19547 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
876 Winthrop Ave., Revere
ADDRESSReceived and filed NOV 29 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Helen F. MacLeod

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 78 Months 78 Days If under 24 hours
Hours Minutes13 Usual Occupation: Ret. Clerk
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. none16 BIRTHPLACE (City) Boston, Mass.
(State or country)17 NAME OF FATHER Frank Clark18 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)19 MAIDEN NAME OF MOTHER Louise Polier20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Helen Clark (Wife)
(Address) 189 Bradstreet Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation) 11/29/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 114, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from the town where the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
ure, asiphenia,
ns the disease,
ations which
h.I conditions,
ng rise to the
(a) stating
ying causeions contrib-
death but not
e disease or
causing death.

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(Female) Porter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

332 Chelsea

(Usual place of abode)

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHNov 27 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 27 1954 to Nov 27 1954

I last saw him alive on Nov 27 1954 death is said to

have occurred on the date stated above, at 10:11 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Atelectasis

(b) 2 ECTASIS

ANTE
CEDENT
CAUSES

Due To Spina Bifida

(b) Bifida

Due To Hydrocephalic

(c) 25 Males

OTHER
SIGNIFICANT
CONDITIONS

Son Mo Premature

Major findings:
Of operations.

Date of operation. Was autopsy performed? NO

What test confirmed diagnosis? Cholesterol

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature] M. D.
(Address) [Address] Date Nov 27 1954

6

Holy Cross, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 29 1954

7 NAME OF
FUNERAL DIRECTORJohn C. Kelly
ADDRESS 286 Winding St., E.B.

Received and filed 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

250

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Stillborn

12

AGE - Years - Months - Days

If under 24 hours

- Hours 16 Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)Winthrop
Mass.17 NAME OF
FATHER

Arthur E. Porter Jr.

18 BIRTHPLACE OF

FATHER (City)

Dorchester

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Mary J. Sullivan

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

(Address)

Arthur E. Porter Jr.
332 Chelsea St., E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

11/29/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 114, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when a certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9658

No. Veteran's Admin Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alphonsus G Lanza
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify, WAR) WW I

(a) Residence. No. 45 Enfield Rd
(Usual place of abode)St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 8, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 5, 1954, to Nov 8, 1954I last saw him alive on xx, 1954, death is said to
have occurred on the date stated above, at 11:30 a.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Carcinoma of
esophagus with
extensive metastasisINTERVAL BE-
TWEEN ONSET
AND DEATH

8 mos

ANTE CEDENT CAUSES Due To Bilateral broncho
(b) pneumonia

4 days

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations yes

Date of operation Was autopsy performed?

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Chobanian
(Address) VAW Boston Date 11/8 M. 546 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 12 1954

7 NAME OF FUNERAL DIRECTOR J A Langone Jr
ADDRESS Boston Mass

Received and filed Dec 20 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, divorced or separated, give name of
HUSBAND of Olivera Matarazzo
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 5 19
Years Months Days If under 24 hours Hours Minutes13 Usual Occupation Crane Operator
(Kind of work done during most of working life)

14 Industry or Business Construction

15 Social Security No. 010-12-5223
Brockton Mass

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER Frank Lanza

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Concetta Perella

20 BIRTHPLACE OF MOTHER Italy
(State or country)21 Informant Hosp Records
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 12 1954

Mar 22, 1918

Mar 24, 1919

MM 1/c

U S Navy

180 42 17

RECEIVED



DEC 28 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

(City or town making return)

Registered No.

9704 252

No. Mass General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Nahigian

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 896 A Shirley St.
(Usual place of abode)

St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 15..... days. In place of residence 25..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 10, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1954, to Nov 10, 1954

I last saw him alive on Nov 10, 1954 death is said to have occurred on the date stated above, at 7 a. m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho pneumonia bilateral

INTERVAL BETWEEN ONSET AND DEATH

days

ANTECEDENT CAUSES Due To Carcinoma upper esophagus

mos

Due To (c)

OTHER SIGNIFICANT CONDITIONS Pulmonary edema Portal cirrhosis

days years

Major findings: Of operations Date of operation..... Was autopsy performed? yes

What test confirmed diagnosis? Biopsy, Autopsy

5 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. L. Clay M. G. H. (Address) Date 11/10, 1954

6 Mt. Hope Cem Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 12, 1954

7 NAME OF FUNERAL DIRECTOR C. Mardirosian
ADDRESS Watertown Mass

Received and filed DEC 28 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Ella Wilson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Shipper
(Kind of work done during most of working life)

14 Industry or Business Warehouse

15 Social Security No. 022-03-7960

16 BIRTHPLACE (City) Armenia
(State or country)

17 NAME OF FATHER Mugerdich Nahigian

18 BIRTHPLACE OF FATHER (City) Armenia
(State or country)

19 MAIDEN NAME Anna Nahigian ok
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) Armenia
(State or country)

21 Informant Stephen Ajemian
(Address)

A TRUE COPY ATTEST: Charles A. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Nov 15, 1954

RECEIVED



DEC 28 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25W-3-53-909098

PLACE OF DEATH

1

SUFFOLK
BOSTON
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 9887253

No. Peter Bent Brigham Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Hamer
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 20 Terrace Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence years months days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov 16, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 15, 1954 to Nov 16, 1954I last saw him alive on Nov 16, 1954 death is said to
have occurred on the date stated above, at 4:40 p.m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) Hypertensive cardio
vascular disease with cardiac
enlargement 3 mosANTE Due To (b) Generalized arterio
CEMENT CAUSES sclerosis yearsDue To (c) Pulmonary edema with
left hydrothorax and days
fibrous pleural adhesions, rtOTHER SIGNIFICANT CONDITIONS Phaeochromocytoma,
right adrenal gland weeksMajor findings:
Of operations

Date of operation Was autopsy performed? yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) V. M. Cass M. D.
(Address) P. Bent Brigh Hosp date 11/17, 19546 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 19, 1954

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop Mass

Received and filed JAN 3 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Elsie E White
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years 5 Months 29 Days
If under 24 hours
Hours Minutes13 Usual Occupation Receiver
(Kind of work done during most of working life)

14 Industry or Business Com Sound Equip Co

15 Social Security No. 002-05-0774

16 BIRTHPLACE (City) Fairhaven Mass
(State or country)

17 NAME OF FATHER John R Hamer

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Clara Stansfield

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant Wife
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 19, 1954

RECEIVED



JAN-3 AM

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
illure, asthenia,
ans the disease,
ications which
th.

id conditions.
ing rise to the
ne (a) stating
ylying cause

ions contrib-
e death but not
the disease or
causing death.

PLACE OF DEATH

1

Suffolk (County)

Winthrop (City or Town)

No.

Winthrop Community Hospital

2 FULL NAME MARGARET E. MACDONALD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 44 Chelsea
(Usual place of abode)

St. Charlestown

(If nonresident, give city or town and State)

Length of stay: In place of death.....years 4.....months.....days. In place of residence 30 years.....months.....days.

Registered No.

254

death occurred in a hospital or institution,
St. gave its NAME instead of street and number)

(Was deceased a
U. S. War Veteran, None
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 2 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
JULY 1954, to DEC 2 1954I last saw her alive on DEC 1, 1954, death is said to
have occurred on the date stated above, at 4:35 PM.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) GENERAL CARCINOMATOSIS

INTERVAL BE-
TWEEN ONSET
AND DEATH

3 mo.

ANTE CEDENT CAUSES Due To CARCINOMA - LUNGS + BROWN

5 mo.

Due To ADENOC - CARCINOMA LEFT BREAST

2 1/2 yr

OTHER
SIGNIFICANT CONDITIONS NONE

Major findings: ADENOCARCINOMA LEFT BREAST

Date of operation. 2 1/2 yrs ago. Was autopsy performed? No.

What test confirmed diagnosis? X-RAYS - PATHOLOGICAL

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron N. King M. D.
(Address) 122 Pleasant St. Date 12/2/54

6 HOLY CROSS MALDEN

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 4 1954

7 NAME OF FUNERAL DIRECTOR Daniel A. Wiles

ADDRESS 3 Dexter Row Charlestown

Received and filed. DEC 8 1954

(Registrar)

A TRUE COPY ATTEST.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
Female White MARRIED
or WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Anthony J. Macdonald

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years 11 Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Housekeeper
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) Prince Edward Island

17 NAME OF FATHER Andrew Redmond

18 BIRTHPLACE OF FATHER (City)
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Catherine Powers

20 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edward Island21 Informant Anthony J. Macdonald
(Address) 44 Chelsea St. CharlestownI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker, Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/3/54
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which he has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; Gen. Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
failure, as the disease,
conditions which
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ing rise to the
se (a) stating
lying causeditions contrib-
e death but not
the disease or
causing death.

50M-2-19-25666

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Mayflower Convalescent Home

2 FULL NAME Rosa Costantino
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 199 Summer
(Usual place of abode)

Length of stay: In place of death years months 15 days. In place of residence 1 years months days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN, SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 255

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR) NoSt. Somerville
(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Nov 24 1954 to Dec. 8 1954

I last saw her alive on Dec 8 1954, death is said to

have occurred on the date stated above, at 4:45 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CORONARY Heart

disease

ANTECEDENT (b) CONGESTIVE HEART
CAUSES FAILURE.Due To
(c)

OTHER SIGNIFICANT CONDITIONS CORONARY OCCUSION 3 hrs.

Major findings:
Of operations None

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Costantino M. D.
(Address) 603 Broadway Ave Date Dec 7 1954

6 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 11 1954

7 NAME OF FUNERAL DIRECTOR Theodore Thurrier

ADDRESS 493 Somerville Ave. Som.

Received and filed DEC 10 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Single
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 8 Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Dressmaker
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 013-03-1875

16 BIRTHPLACE (City) Vezini Sicily
(State or country)

17 NAME OF FATHER Angelo Costantino

18 BIRTHPLACE OF FATHER (City) Vezini Sicily
(State or country)

19 MAIDEN NAME OF MOTHER Sebastiana Canzia

20 BIRTHPLACE OF MOTHER (City) Vezini Sicily
(State or country)21 Informant Mrs. Raffaella Grosso
(Address) 199 Summer St. SomervilleI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/10/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desirous to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4. Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town) CRESTH

STANDARD
CERTIFICATE OF DEATH

Registered No. 256

No. 66 Winthrop Shore Drive St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME. Kemble C Douglas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 66 Winthrop Shore Drive St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 2 years months days. In place of residence 60 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 8 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 18 1951 to DECEMBER 8 1954

I last saw him alive on December 8 1954 death is said to

have occurred on the date stated above, at 1 A m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) CEREBRAL

HEMORRHAGE

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 hrs

ANTE

CEDENT (b)

CAUSES

ARTERIOSCLEROSIS

2 years

Due To

(c) ARTERIOSCLEROTIC

HEART DISEASE

3 years

OTHER

SIGNIFICANT

CONDITIONS

SENILITY

3 yrs

Major findings:

Of operations: none

Date of operation: none

Was autopsy performed? no

What test confirmed diagnosis: clinical lab.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Jacob J. Chaus, M.D.

(Address) 662 Shirley St. Winthrop, MA 01890

6 Evergreen Stoughton

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Dec. 10 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Pym

ADDRESS Winthrop Mass.

Received and filed DEC 10 1954

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of Lorena A. Clark (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 92 Years 2 Months 7 Days If under 24 hours Hours Minutes

13 Usual Occupation: Builder (Kind of work done during most of working life)

14 Industry or Business: Contractor None

15 Social Security No.

16 BIRTHPLACE (City) Prince Edward Island (State or country)

17 NAME OF FATHER Henry Douglas

18 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Coffin

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island (State or country)

21 Informant Ellen Leighton (Address) 24 Windson Rd. Wellesley

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker, Health Officer (Signature of Agent of Board of Health or other)

(Official Designation) 12/10/54 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who are disabled by recognized disease unrelated to any form of injury, and died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

No. Soldiers' Home Hospital

2 FULL NAME

John W. Ritchie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

783 Shirley

(Usual place of abode)

hospital

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

Registered No. 604 257



No. Soldiers' Home Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W. Ritchie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

783 Shirley

(Usual place of abode)

hospital

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 12, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 19, 54 to Dec. 12, 54

I last saw him alive on Dec. 12, 54 death is said to

have occurred on the date stated above, at 9:55P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Obstructing adenocarcinoma involving

ANTE CEDENT CAUSES

Due To

(b)

CAUSES

Due To

(c)

OTHER

SIGNIFICANT

CONDITIONS

Major findings:

Of operations

Date of operation

Was autopsy performed?

YES

What test confirmed diagnosis?

autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 15, 1954

19

7 NAME OF

FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

210 Winthrop St., Winthrop

Received and filed

JAN 7 1955

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

OR DIVORCED

Married

10a If married, widowed or divorced

HUSBAND of

Anna Leighton

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

8

5

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation

Marine Engineer

(Kind of work done during most of working life)

14 Industry

or Business

15 Social Security No.

not known

16 BIRTHPLACE (City)

(State or country)

Scotland

17 NAME OF

FATHER

Andrew

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Scotland

19 MAIDEN NAME

OF MOTHER

Christina Walker

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Scotland

21

Informant

(Address)

Hospital Records

A TRUE COPY

ATTEST:

Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED

Dec. 13, 1954

19

RECEIVED



JAN-7 AM

Enlisted 8/31/18
Discharged 10/9/19
Lt. Commander
U.S.Navy

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 258

PLACE OF DEATH

SUFFOLK (County)

Winthrop (City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy GEATA
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 119 WALDMER AVE. St. EAST BOSTON
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 13 54
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec 13, 1954, to Dec 13, 1954

I last saw him alive on Dec 13, 1954, death is said to
have occurred on the date stated above, at 6:00 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Stillborn

INTERVAL BETWEEN ONSET AND DEATH

ANTE CEDENT (b) Due To CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Harry J. Williams M. D.
(Address) 112 Huntington Avenue Date 12/13 1954

6 Woodlawn Everett, MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 14 1954

7 NAME OF FUNERAL DIRECTOR P. Scaramella
ADDRESS 39 Orleans St E. Boston

Received and filed DEC 14 1954

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)
MALE white MARRIED single
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILL Born

12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation:
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER ALphonse GEATA

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME Reine WILLIAMS
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) BOSTON
(State or country)

21 Informant ALphonse GEATA (FATHER)
(Address) 119 WALDMER AVE E. BOSTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/14/54
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

259

No. WINTHROP COMMUNITY HOSPITAL

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY GIRL GIOVANNIELLO

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 65 Border St.
(Usual place of abode)

St. E. Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 14, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 12/14/54, 19.....

I last saw h.....alive on....., 19....., death is said to

have occurred on the date stated above, at 9:50 AM

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) STILLBORN
(full term)

ANTE CEDENT CAUSES Due To (b) unknown

Due To (c) "

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. T. Guglielmo M. D.
(Address) 562 Cherry Street Boston 11

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 20 1954

7 NAME OF FUNERAL DIRECTOR Vincent J. Baker

ADDRESS 7 Central St. Boston

Received and filed DEC 17 1954

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED S.

10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILLBORN

12 AGE.....Years.....Months.....Days If under 24 hours
Hours .. Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Emilio Giovanniello

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Josephine Polignone

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

21 Informant (Address) Emilio Giovanniello
65 Border St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/17/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

Thomas D. Turner

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

78 Main

(a) Residence. No.

(Usual place of abode)

Hospital

30

7

22

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Chelsea

(City or town making return)

609

260

Registered No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

WWI

(Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop, Mass.

St. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

Dec. 14, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Mar. 22

1944

Dec. 14

1954

I last saw him alive on Dec. 14, 1954, death is said to

have occurred on the date stated above, at 8:45p. m.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

Arteriosclerotic heart

ANTE Due To disease ?

CAUSES Cardiac failure yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSArteriosclerotic
Gangrene of right foot. 1 mo.Major findings:
Of operations.....

Date of operation.....

Was autopsy performed? YES

autopsy

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Frederick R. Maher

(Address)

Soldiers' Home

Date 12/15

M. D.

Chebeague Cem., Chebeague Island,

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 18, 1954

19

7 NAME OF

FUNERAL DIRECTOR

Reynolds Fun. Home

ADDRESS

180 Winthrop St., Winthrop

Received and filed.....

JAN 7 1955

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of Susan T. Hamilton

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation

Master of Steam Vessels

(Kind of work done during most of working life)

14 Industry

or Business:

none

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Maine

17 NAME OF

FATHER Thomas

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Connecticut

19 MAIDEN NAME

OF MOTHER

Susan T. Ross

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Maine

21

Informant

(Address)

Hospital Records

A TRUE COPY

ATTEST:

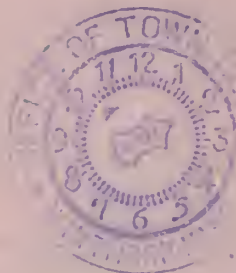
(Registrar of City or Town where death occurred)

DATE FILED

Dec. 15, 1954

19

RECEIVED



JAN-17 19

Enlisted 4/2/17

Discharged 4/1/21

Boatswain

USNRF

11922

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
lure, asthenia,
ns the disease,
ations which
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d conditions,
ing rise to the
e (a) stating
lying cause

ions contrib-
death but not
he disease or
causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Comm. Hosp.

2 FULL NAME Belcher, Baby Boy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 291 Winthrop St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 (Month) 17 (Day) 54 (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Birth, 1954, to 12-17/12.35PM 1954.

I last saw him alive on 12-17-, 1954 death is said to

have occurred on the date stated above, at 12.35 p.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Newborn
Prematurity

ANTE Due To INTER VENTRICULAR
CEDENT (b) HEMMORRHAGE-RT.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations. None

Date of operation..... Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY.

5 Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) W. J. Thompson, Jr. M. D.
(Address) 563 SHIRLEY ST. WINTHROP 12/17 1954

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 20, 1954

7 NAME OF FUNERAL DIRECTOR Edward B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed. DEC 20 1954 1954

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD

CERTIFICATE OF DEATH

(City or town making return)

Registered No. 261

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours
10 Hours 20 Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop, Mass
(State or country)

17 NAME OF FATHER Winslow
Harold Belcher

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

19 MAIDEN NAME OF MOTHER Lois Clatur

20 BIRTHPLACE OF MOTHER (City) Tewksbury
(State or country) Mass

21 Informant Harold W. Belcher
(Address) 291 Winthrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Mass. Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 12/20/54
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without regular medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

262

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Bay View Nursing Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Ethel Hirshberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 7 Sea Foam Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 2 days. In place of residence 14 years 0 months 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 18 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1954, to Dec. 18, 1954
I last saw her alive on Dec. 18, 1954, death is said to
have occurred on the date stated above, at 8:40 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of CecumINTERVAL
BETWEEN
ONSET
AND DEATH
6 mosANTECEDENT
CAUSES (b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma of Cecum, metastasis

Date of operation: Sept. 1954. Was autopsy performed? No

What test confirmed diagnosis? Clinical, Pathological

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop Date 12/18/19546 Place of Burial or Cremation Danvers
(City or Town)

DATE OF BURIAL Dec 19 1954

7 NAME OF FUNERAL DIRECTOR Hyman J. Joff
ADDRESS 151 Washington Ave Chelsea

Received and filed DEC 20 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Abraham Hirshberg
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 0 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: Saleslady
(Kind of work done during most of working life)

14 Industry or Business: Retail General Merchandise

15 Social Security No. 032-01-7526

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Morris Shapiro

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Fanny Barr

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant (Address) Abraham Hirshberg
7 Sea Foam Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 12/18/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during their last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without receiving medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include deaths caused directly or indirectly by traumatism (including resulting asphyxiation), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No.

263

2 FULL NAME **Helen Verdi Nee O'Reilly**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

91 Freemount St.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **4** days. In place of residence **30** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

12

18

1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 14, 1954 to Dec 18, 1954

I last saw her alive on Dec 17, 1954, death is said to

have occurred on the date stated above, at 9:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Coronary

occlusion

ANTE

CEDENT

CAUSES

Due To

Coronary occlusion

- healing

Due To

Coronary artery

disease

OTHER

SIGNIFICANT

CONDITIONS

arteriosclerosis

Major findings:

Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *Ernest P. Caggiano*(Address) *91 Freemount St. Winthrop*Date *12-20-54*

1954

6

Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Dec 21

1954

7 NAME OF

FUNERAL DIRECTOR

Ernest P Caggiano

ADDRESS

147 Winthrop St. Winthrop

Received and filed

DEC 20 1954

19

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Andrew Verdi**

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

70

Years

11

Months

18

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Prov. R.I.

17 NAME OF

FATHER

Mathew O'Reilly

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Margaret Mc Dermott

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Andrew Verdi

91 Freemount St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was

filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other

Health Officer

(Official Designation)

(Date of Issue of Permit)

12/20/54

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
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death but not
e disease or
causing death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration, a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED

RULES OF PRACTICE

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including respiratory suffocation and by the action of chemical (drugs or poisons) thermal or electrical agents) and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
IFICATEiving
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100M-10-53-910621

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Agrippino Pitari

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 215 Havre St.
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 8 days. In place of residence 15 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 18 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 12 1954 to December 18 1954

I last saw him alive on December 18 1954, death is said to

have occurred on the date stated above, at 6 A.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma

of Pancreas

ANTECEDENT CAUSES Due To (b) Carcinoma
of Stomach

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings: Carcinoma Pancreas

Date of operation Dec 9-54 Was autopsy performed? No

What test confirmed diagnosis? Pathological

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) H. A. Costa
(Address) 261 Harover St Boston Date Dec. 20 19546 St. Michaels Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 22 1954

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St East Boston

Received and filed DEC 22 1954 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 264

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Agrippina Pappalardo
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Bartender
(Kind of work done during most of working life)

14 Industry or Business: Self Employed

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Antonio Pitari

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Agrippina Ravagna

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Agrippina Pitari
(Address) 215 Havre St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 12/31/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Law, Chap. 18, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following Rules of Practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

2 FULL NAME

Blanche Kennedy a/k/a Mary Blanche Kennedy/

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

86 Sagamore Ave.

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 20 days. In place of residence..... 18 years..... months..... days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

(City or town making return)

Registered No.

265

St. (If death occurred in a hospital or institution, give its NAME instead of street and number) (Nayson)

(Was deceased a U. S. War Veteran, if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 11/29 1954 to 12/19 1954

I last saw her alive on 12/19 1954, death is said to

have occurred on the date stated above, at 11:05P m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

72 hrs

ANTE CEDENT CAUSES

Due To

Cancer of right lung

1 year

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: None
Of operations

Date of operation. No Was autopsy performed? No

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James F. Burns

(Address)

Date 12/20 1954

6 Woodlawn Crematory Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 22, 1954

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed December 23, 1954

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Unable to obtain

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 1 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston, Mass.
(State or country)

17 NAME OF FATHER William Nayson

18 BIRTHPLACE OF FATHER (City) Unable to Obtain
(State or country)

19 MAIDEN NAME OF MOTHER Mary McLellan

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant Ethel Laws
(Address) 157 Bright Rd., Belmont

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B)-11-51-905807

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge City Hospital

Baby Boy Barker

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

110 Bay View Ave.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 1732 266

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Winthrop

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 21 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19..... to..... 19.....I last saw him.....alive on..... 3:36A 19..... death is said to
have occurred on the date stated above, at..... m.DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) PrematurityINTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT CAUSES Due To Macerated Fetus
(b)Due To Intrauterine death
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify J. Boyle Jr.
(Signed) 51 Brattle St., Cambridge Date 12/21 1954
(Address)6 Place of Burial or Cremation Cambridge
DATE OF BURIAL December 23, 1954 (City or Town)7 NAME OF FUNERAL DIRECTOR F. E. Flaherty
ADDRESS 202 Washington St., Som.

Received and filed..... JAN 7 1955.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

10a If married, widowed, or divorced
HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes

13 Usual Occupation..... (Kind of work done during most of working life)

14 Industry
or Business.....15 Social Security No. Cambridge
16 BIRTHPLACE (City) Mass.
(State or country)

17 NAME OF FATHER Arthur Barker

18 BIRTHPLACE OF FATHER Somerville
(City) Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Doris Parker

20 BIRTHPLACE OF MOTHER New Hampshire
(City) (State or country)21 Informant. Arthur Barker
(Address) 110 Bay View Ave., Winthrop

A TRUE COPY

ATTEST: Frederick H. Burke
(Registrar of City or Town where death occurred)

DATE FILED Dec. 23, 1954.....19.....

RECEIVED



JAN 17 AM

R-301

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OR
CERTIFICATEiving
OF DEATH
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using death.

50M-(A)-11-51-905807

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

19.....

to.....

19.....

I last saw him alive on.....19....., death is said to

have occurred on the date stated above, at.....m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Date.....

M. D.

Place of Burial or Cremation.....

(City or Town)

DATE OF BURIAL.....

7 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....

A TRUE COPY ATTEST:

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 267

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation.....

(Kind of work done during most of working life)

14 Industry

or Business.....

15 Social Security No.....

16 BIRTHPLACE (City).....

(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City).....

(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City).....

(State or country)

PARENTS

21 Informant (Address).....

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition)..

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The purpose of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

268

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

12 Jefferson Street

No.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Edith Maud (Mooney) Edgar
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

12 Jefferson Street

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 4 years months days. In place of residence 63 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 19 48 to Dec. 24 1954I last saw h. or alive on Dec. 24 1954, death is said to
have occurred on the date stated above, at 11:20 p.m.INTERVAL BETWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) myocardial
infarct 5 minANTECEDENT CAUSES
(b) myocardial
heart disease yrsDue To
(c) arteriosclerosis
generalized yrsOTHER SIGNIFICANT
CONDITIONS Diabetes Mellitus yrsMajor findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph J. Grogan M. D.
(Address) 98 Washington St. Date 12-28-19546 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 28 1954

7 NAME OF FUNERAL DIRECTOR Edward S. Parnell
ADDRESS Winthrop Mass

Received and filed Dec. 28 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William W Edgar
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 5 Months 1 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 032-10-6787

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER James L Mooney

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Julia I Lewis

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Orrin F Edgar
(Address) 12 Jefferson St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
(Official Designation) 12/28/54
(Date of Issue of Permit)

PLACE OF DEATH

R-301A

DUPLICATIONS
OR
CERTIFICATEiving
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Chapter 137.

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body, or remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from the town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical agents or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Hospital



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

269

2 FULL NAME

Agnes M. Emerson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

11 Charles Ave. Revere

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... 50 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
December 18 1954 to December 24 1954

I last saw her alive on December 23 1954 death is said to

have occurred on the date stated above, at 2:50 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET
AND
DEATHDec
18/54ANTE Due To
CEDENT (b)
CAUSES

Hypertension

Due To
(c)

Arteriosclerosis

Over
6 yrs.

OTHER SIGNIFICANT CONDITIONS Hypertensive Heart Disease Over 6 yrs.

Major findings: None
Of operations.

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical Findings

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Collins M.D.
(Address) 123 Bennington St., Date Dec. 24 1954
Revere, Mass.6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 27 1954

7 NAME OF FUNERAL DIRECTOR J. J. DeWitt

ADDRESS Revere

Received and filed DEC 27 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX / 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED W. divorced

10a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of Charles E. Emerson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Patrick F. Burke

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Annie J. Barry

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Eileen M. Emerson
(Address) 11 Charles Ave. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/26/54

100M-10-53-910821

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 46, Sec. 11, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

SUFFOLK County
WINTHROP
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 270

To be filed for burial permit
with Board of Health
or its Agent.

No. 94 SUNNYSIDE AVE. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sebastiana Bordinaro (If deceased is a married, widowed or divorced woman, give also maiden name.) PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 16 1/2 S. MARGIN St. Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 48 days. In place of residence 48 years 4 months 48 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 26 1954 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan. 1953, to Dec. 1954

I last saw her alive on Dec. 26, 1954, death is said to have occurred on the date stated above, at 11 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Metastatic Ca-Bladder 1 yr

ANTECEDENT CAUSES (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Bordinaro M. D. (Address) 85 Green St. Boston Date Dec. 26, 1954

6 ST. MICHAEL BOSTON Place of Burial or Cremation (City or Town)

DATE OF BURIAL DECEMBER 30 1954

7 NAME OF FUNERAL DIRECTOR Joseph Bordinaro ADDRESS 42 GREEN ST. BOSTON

Received and filed DEC 28 1954 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full) (or) WIFE of Sebastiano Bordinaro (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation at home (Kind of work done during most of working life)

14 Industry or Business self Home

15 Social Security No. NONE

16 BIRTHPLACE (City) AUGUSTA (State or country) ITALY

17 NAME OF FATHER Sebastiano Ternullo

18 BIRTHPLACE OF FATHER (City)

(State or country)

ITALY

19 MAIDEN NAME OF MOTHER Giuseppa Salviata

20 BIRTHPLACE OF MOTHER (City)

(State or country)

ITALY

21 Informant SEBASTIANO BORDINARO-HUS (Address) 16 1/2 S. MARGIN ST. BOSTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker (Signature of Agent of Board of Health or other) (Official Designation) 12/28/54 (Date of Issue of Permit)

50M-3-53-909098

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and sixteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars for the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and sixteen, the word "war" shall include the Cuban relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
VITAL CERTIFICATEIn giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
mode of dying, such
failure, asthenia,
means the disease,
implications which
death.

torbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
ion causing death.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 104 Highland Ave. Mount's Convalescent Home

2 FULL NAME Annie T. O'Donnell (Gleason)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 104 Highland Ave., St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 3 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 25, 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 1953 to December 25, 1954

I last saw her alive on December 25, 1954, death is said to

have occurred on the date stated above, at 1:55 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Cerebral arterio-
sclerosis yearsANTE DUE TO Generalized arterio-
CEDENT (b) sclerosis years
CAUSESDUE TO
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations none

Date of operation: Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify Arthur C. Murray M. D.
(Signed) Winthrop, Mass Date 26 Dec 1954
(Address) St. Francis Pawtucket, R. I.6 Place of Burial or Cremation (City or Town)
December 28, 1954

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop, Mass

Received and filed DEC 27 1954 19

(Registrar)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent

Registered No. 271

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Bernard O'Donnell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Providence
(State or country) R. I.

17 NAME OF FATHER John Gleason

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Ann Connors

20 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R. I.21 Informant Loretta Tower
(Address) Exeter, R. I.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter F. Baker
(Signature of Agent of Board of Health or other
Health Officer) (Date of Issue of Permit) 12/27/54

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or from the clerk of the town, from the clerk of the town where the body is to be buried or the cemetery to be used, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from the town when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

19 Girdlestone Rd.

2 FULL NAME

Julia Kelleher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

19 Girdlestone Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
e than one
e for each
, (b) and (c)s does not mean
e of dying, such
ailure, asthenia,
means the disease,
ications which
eath.bid conditions,
iving rise to the
se (a) stating
derlying causeditions contrib-
the death but not
o the disease or
causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 26

(Month)

1954

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 10

1950

to

December 26 1954

I last saw her alive on December 26 1954, death is said to

have occurred on the date stated above, at 7:15 P.M.

INTERVAL
BETWEEN
ONSET
AND
DEATH

3 hrs.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Acute coronary thrombosis

ANTE
CEDENT
CAUSES

Due To

(b)

Arteriosclerosis + hyper-

tensive heart disease

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations. none

Date of operation..... Was autopsy performed? NO

What test confirmed diagnosis? clinical + laboratory

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Dr. Frederick J. Magrath M.D. M.D.

(Address) 125 Girdlestone Rd. Boston 1954

6 New Calvary

Place of Burial or Cremation

Boston

(City or Town)

DATE OF BURIAL

December 30

1954

7 NAME OF

FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed

DEC 28 1954

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

272

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran, None

if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Michael Kelleher

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

71

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housework

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Manchester
New Hampshire

17 NAME OF

FATHER

Dennis Clifford

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Bridget Brennan

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Catherine Mitchell

19 Girdlestone Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/28/54

50M-B-52-907046

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars, or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb to another, or from one cemetery to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be turned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying, such
ure, asthenia,
as the disease,
ations which
h.

ing conditions,
ing rise to the
(a) stating
lying cause

ions contrib-
death but not
e disease or
using death.

50M-(A)-11-51-905807

PLACE OF DEATH

1

SUFFOLK

(County)

Winthrop

(City or Town)

No.

104 Highland Ave

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Farrell (Partell)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No. 273

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

10 Undine Ave

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

December 27, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept. 21, 1952, to Dec. 27, 1954

I last saw her alive on Dec. 26, 1954, death is said to

have occurred on the date stated above, at 9:15 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Hypertensive and
arteriosclerotic heart diseaseANTE
CEDENT
CAUSES

Due To (b) General arterioscler-

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSCerebral thrombosis
with left hemiplegia 2 yrs

Major findings: none

Of operations

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis? Clinical &
Laboratory

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Mansfield Jr. M. D.
(Address) 562 Shirley St. Bklyn. Dec. 29, 1954

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec. 30, 1954

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Margie W. Ruby
Winthrop

Received and filed

JAN 10 1955

19

A TRUE COPY ATTEST:

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

86 Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation

Home

(Kind of work done during most of working life)

14 Industry

or Business

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Ireland

17 NAME OF

FATHER

Unknown (Partell)

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Unknown Quick

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Mary C. Farrell
10 Undine WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker Jr.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/29/54

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall hurry or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . General Laws, Chap. 38, Sec. 6.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, on the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

274

No. 42 Pearl Avenue

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Minnie Epstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 42 Pearl Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 31 1954
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC 31 1954 to DEC 31 1954I last saw h..... alive on DOA, 19..... death is said to
have occurred on the date stated above, at 7:00 P.M.DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) LEUKEMIA

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 1/2 YRS.

ANTE Due To ARTERIO-SCLEROTIC
CEDENT (b) HEART DIS
CAUSES

1 YR.

Due To
(c)OTHER SIGNIFICANT CHRONIC CHOLECYSTITIS &
CONDITIONS LITHIASIS

1 YR.

Major findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? BONE MARRIN + BLOOD TESTS

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Myron D. King M. D.

(Address) 220 PLEASANT ST. Date 12/31 1954

6 Shara Trilo, West Roxbury
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 2, 1955

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon

ADDRESS 420 Harvard St., Brookline.

Received and filed JAN 3 1955 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of George Epstein
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Russia
(State or country)

17 NAME OF FATHER Louis Elpert

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Leah Andrews

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant George Epstein
(Address) 42 Pearl Ave., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chapter 46, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by transportation (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also, deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Veteran's Asst. Hospt.

George G Petronio

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

90 Read St

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 10/54

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 3

54

to Dec. 10

19

I last saw him alive on Dec 10

have occurred on the date stated above, at 10:20A m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Hodgkin's Disease

INTERVAL BETWEEN ONSET AND DEATH

Approx.

4 Yrs

11 IF STILLBORN, enter that fact here.

12

AGE 31 Years 9 Months 20 Days

If under 24 hours

Hours Minutes

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation..... Was autopsy performed? Yes

What test confirmed diagnosis? pathological exam.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Roger B Hickler

(Signed)

(Address) VAH Boston Mass. Date 12-10 M. 54

Oak Grove Cem-Medford Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 13/54 19

7 NAME OF FUNERAL DIRECTOR Paul Buonfiglio

ADDRESS Revere Mass.

Received and filed JAN 24 1955 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

10724

Registered No. 275

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, or Navy, WAR)

W W #11

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR OR RACE W

10 SINGLE Married (Record) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced Anna Maglio HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 31 Years 9 Months 20 Days

If under 24 hours

Hours Minutes

13 Usual Occupation: Major Appliance (Kind of work done during most of working life)

14 Industry or Business: Salesman Jordan Marsh Co.

15 Social Security No. 023-16-9067

16 BIRTHPLACE (City) (State or country) Revere Mass.

17 NAME OF FATHER Dominic Petronio

18 BIRTHPLACE OF FATHER (City) (State or country) --- Unknown

19 MAIDEN NAME OF MOTHER Josephine Luongo

20 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

21 Informant (Address) Mrs. A. Petronio

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec/15/54 19

RECEIVED



JAN 24

AM

Entered Service 7-26-1943

Discharged 2-13-46

U S Army

Service No. 31369072

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-52-907048

PLACE OF DEATH
1

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 276

No. Danvers State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lena Michael (Fleischer)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

18 Dolphin Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2 months.....23 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December 11, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Gastroenteritis
Arteriosclerotic Heart Disease

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

Ralph P. McCarthy

(Signed)

(Address) Peabody, Mass.

Date 12/11/54

7 Sharon Memorial Park, Sharon

Place of Burial, or Cremation.

December 12

(City or Town)

DATE OF BURIAL

8 NAME OF FUNERAL DIRECTOR

Henry Levine

ADDRESS

Brookline, Mass.

Received and filed

JAN 17 1955

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Female

10 COLOR OR RACE

White

11 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Married

11a If married, widowed, or divorced

HUSBAND of

Henry Michael (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 68

AGE

Years

Months

Days

If under 24 hours

Hours Minutes

14 Usual

Occupation

Housewife

(Kind of work done during most of working life)

15 Industry

or Business

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Russia

18 NAME OF

FATHER

(Unknown) Fleischer

19 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

20 MAIDEN NAME

OF MOTHER

Cannot be learned

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

22

Informant

(Address)

Mary E. Sheehan

Waltham, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

December 20

54

RECEIVED



JAN 12

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

1

Essex

(County)

Danvers

(City or Town)

No. 73 Centre

2 FULL NAME

Alice S. Beetle (Harper)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

18 James Ave.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.10.....days. In place of residence.40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December 17, 1954

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 12, 1954 Dec. 17, 1954

I last saw her alive on Dec. 17, 1954, death is said to

have occurred on the date stated above, 11 A. M.

DISEASE OR CONDITION DIRECTLY LEADING

TO DEATH (a) Myocarditis

ANTE CEDENT CAUSES

Due To

(b)

Arterio

sclerosis

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

diaphragmatic hernia

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed? No

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Charles E. Deering M. D.

Danvers, Mass. Date 12/17/1954

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 20, 1954

7 NAME OF FUNERAL DIRECTOR

Howard E. Reynolds

ADDRESS

Winthrop, Mass.

Received and filed

19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH



Danvers

(City or town making return)

Registered No.

277

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widow

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

Charles S. Beetle

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years 8 Months 11 Days

If under 24 hours

Hours.....Minutes.....

13 Usual

Occupation.....

Housewife

(Kind of work done during most of working life)

14 Industry

or Business.....

15 Social Security No.....

16 BIRTHPLACE (City)

(State or country)

Somerville,

Mass.

17 NAME OF FATHER

Henry W. Harper

18 BIRTHPLACE OF FATHER (City)

(State or country)

England

19 MAIDEN NAME OF MOTHER

Emma Fowler

20 BIRTHPLACE OF MOTHER (City)

(State or country)

England

21 Informant (Address)

Harry Rider 73 Centre St., Danvers

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

December 17, 1954

19.....

RECEIVED



JAN 12 AM

Copies of returns of deaths which occurred in your city or town, in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

25M-3-53-909098

PLACE OF DEATH

1

SUFFOLK
(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 11198278

No. Mass General Hosp

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mary Parmelee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

26 Sturges St

St.

Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....4 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHDec 23, 1954
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 19 1954 to Dec 23 1954

I last saw h. or alive on Dec 23 1954 death is said to

have occurred on the date stated above, at 3:40 a.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Perforation of

carcinoma of stomach

INTERVAL BE-
TWEEN ONSET
AND DEATH

34 ds

ANTE
CEDENT
CAUSES

Due To

(b) Carcinoma of stomach

6 mos

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings: Suture of perforated gastric
Of operations: Carcinoma. Abdominal total

Date of operation 11/15 & 30/54 gastrectomy no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Clay

(Address) M. G. H.

Date 12/23 1954

6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Dec 27 1954

7 NAME OF
FUNERAL DIRECTOR

M. W. Kirby

ADDRESS

Winthrop Mass

Received and filed FEB - 7 1955 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herrall Parmelee

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 65

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Kingston N Y

17 NAME OF
FATHER

Edward O'Hara

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Rhode Island

19 MAIDEN NAME
OF MOTHER

Margaret Clark

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Kingston N Y

21

Informant

(Address)

Lola Ciampoli

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec 28 1954

RECEIVED



FEB-3 AM





